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EXECUTIVE SUMMARY

This report presents the findings of the Department of Health and Human Services Administrative Processes Oversight Committee (APOC). The APOC was established in August 2005, as part of the Department's strategy for building more collaborative, efficient and effective provider partnerships. The need for improving community partnerships had been identified as a priority by both the *Governor's Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services*, (2003), and *The Commissioners Implementation Advisory Team* (CIAT, 2004). It was also the goal of a Legislative directive contained in PL 2005 Chapter 12, Part NN, which the APOC was specifically charged to address.

“Sec. NN-1. Reduction of regulatory and administrative burdens for health and human services providers. Notwithstanding any other provision of law, the Commissioner of Health and Human Services shall organize and implement work groups to include staff of the Department of Health and Human Services and staff of health and human services providers for the purpose of achieving reductions in regulatory and administrative burdens for health and human services providers.”

Prior to convening the APOC, the Department had already taken significant steps toward improving efficiencies through administrative restructuring and consolidation. While these structural changes were needed to address issues of efficiency and consistency, the APOC was designed to take this work further. Specifically, the APOC was asked to examine areas where rules, policies or business processes impose excessive administrative burdens, and to develop recommendations to reduce those burdens.

The APOC was convened in August under the direction of the DHHS Deputy Commissioner of Operations and Support. Members included both DHHS managers and representatives of the provider community. Members were asked to focus first on auditing, contracting and licensing, the three administrative functions most often cited

for improvement during the CIAT process. At their first meeting, the APOC developed an administrative structure for completing this work; including the APOC acting in a steering capacity plus three subcommittees, one each for auditing, contracting and licensing. Both the APOC and the work groups were inclusive of DHHS staff and representatives from the provider community.

Over the next four months, all work groups met an average of twice a month to develop their recommendations. At the conclusion of the process, the following recommendations were approved by the APOC for inclusion in this report. Each recommendation is explained in greater detail under “Findings/Recommendations”, where work plans and timelines are also included.

AUDITING WORK GROUP RECOMMENDATIONS

1. Ensure consistent application of standard cost report principles and accurate representation of financial positions across community agencies (CAs). Ensure that Maine Uniform Accounting and Auditing Practices (MAAP) and Federal Single audits are conducted in accordance with applicable standards. Where appropriate and feasible, eliminate overlap of audit functions and duplication of audit procedures across the Department’s Office of Audit (OA) and Independent Public Accountants (IPAs).
2. Coordinate or develop uniform reporting requirements for Medicaid and MAAP. Assign an audit team with a designated lead auditor that uses a coordinated scheduling process to reduce multiple interpretations and duplication of work, requests, and reports. Streamline the number of required reports and their varying deadlines by reporting on all funding services in one report.
3. Make changes to MAAP rules in key areas.

CONTRACTING WORK GROUP RECOMMENDATIONS

1. DHHS provides consistent, timely and accurate communication/technical assistance to all contracted providers.
2. DHHS to ensure that contract formats are consistent and streamlined to contain

only essential information.

3. DHHS to ensure that contract processes are clear, streamlined and consistently implemented. Contract processes allow adequate time for providers to meet deadlines.
4. DHHS to ensure that service, performance and financial reporting processes are efficient and useful to both parties.
5. Payment and financial settlement processes are clear, efficient and consistently implemented.

LICENSING WORK GROUP RECOMMENDATIONS

1. Assure the consistent application of licensing requirements within and across programs, appropriately balancing the Department's enforcement responsibility with its responsibility to improve provider quality by providing technical assistance; define clear boundaries between other department functions (e.g., contracting and MaineCare) and ensure that the approach and standards are consistent and mutually supportive across these functions.
2. Where appropriate and feasible, streamline the licensing process by coordinating licensing standards across the Department, and deem a provider in compliance with state licensing requirements when the provider is in compliance with comparable standards applied by a nationally recognized and state approved accrediting body or by the federal government.
3. Allow Licensing greater flexibility in determining the appropriate scope, frequency and focus for periodic surveys, depending on provider performance. Develop modularized licensing requirements, with core standards across programs, and specialized standards for focused review.
4. DHHS leadership should champion the implementation of recommendations to streamline and create consistency and expand DHHS capacity to fulfill its licensing responsibilities.

APOC CROSSCUTTING RECOMMENDATIONS

1. Develop a consolidated website with links for communicating key information on contracting, licensing and auditing.
2. When training is delivered to providers, include representatives from all three DHHS functional units (auditing, licensing, contracting) in developing and presenting the training.
3. Create a culture of integration/communication across all DHHS functions.
4. Provide temporary staffing to continue the work of the APOC.

The submission of this report marks both an ending and a beginning. This report concludes the development of recommendations by the three work groups -- recommendations produced through many hours of rich dialog and negotiation among over 70 DHHS and provider staff. But the work of improving DHHS/provider partnerships is continuous and essential. Throughout the APOC process, the Committee Co-Chairs regularly asked provider participants how/if the process was working. The feedback was highly consistent: providers praised the process and products of the committees, but expressed concern that the process not end with “just another set of recommendations”.

As the process of developing recommendations is ending, the process of implementation begins. To keep the commitment that this process will result in meaningful action, the APOC will continue meeting to provide guidance and accountability throughout the implementation process. The lead DHHS staff responsible for the implementation of each recommendation will report at APOC meetings on progress made to date. Regular updates will be provided from the APOC to the Commissioner and will be widely distributed to the provider community. Through this structure, the Department will assure that the work of the APOC will not be lost.

INTRODUCTION

The enabling legislation authorizing the creation of the Department of Health and Human Services (DHHS) stressed a renewed commitment to customer service, collaborative approaches within and outside government, and the application of evidence-based practices to guide service delivery. The Commissioner further articulated this mandate through the adoption of a statement of vision, guiding principles and outcomes for the Department. These expectations are being further diffused throughout the organization in the form of program-level objectives, indicators and performance expectations.

Consistent with the Commissioner's vision, the Administrative Processes Oversight Committee (APOC) was convened in August 2005, as part of the Department's strategy for building more collaborative, efficient and effective provider partnerships. The need for improving community partnerships had been identified as a key priority by both the *Governor's Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services*, (2003), and *The Commissioners Implementation Advisory Team* (2004). It was also the goal of a Legislative directive contained in PL 2005 Chapter 12, Part NN.

"Sec. NN-1. Reduction of regulatory and administrative burdens for health and human services providers. Notwithstanding any other provision of law, the Commissioner of Health and Human Services shall organize and implement work groups to include staff of the Department of Health and Human Services and staff of health and human services providers for the purpose of achieving reductions in regulatory and administrative burdens for health and human services providers."

Prior to convening the APOC, the Department had already taken significant steps toward improving efficiencies through administrative restructuring and consolidation. Licensing functions prior to the merger had been decentralized in six separate units

located throughout two Departments. Since the merger, all licensing functions (assisted living, hospitals, child care, residential services, mental health and substance abuse and institutional abuse investigation) are consolidated into one Division of Licensing and Regulatory Services. A similar restructuring also occurred for DHHS contract functions, with the creation of the Division of Purchased Services. Although program managers throughout the Department still determine what services will be purchased at what price (Rider A), contracts are processed and managed centrally. Both Divisions report directly to the Deputy Commissioner for Operations and Support.

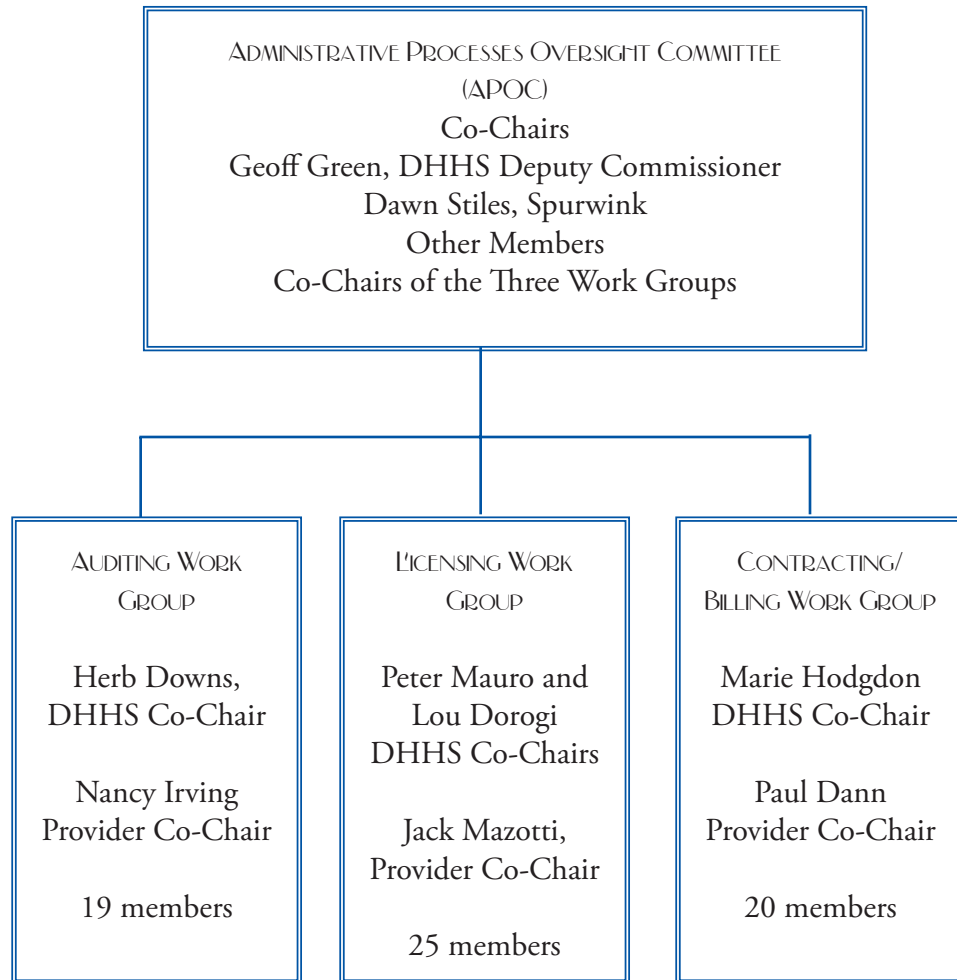
While these structural changes were needed to address issues of efficiency and consistency, reports from the Unification Council and CIAT also asked the Department to address other contributors to administrative burdens, such as rules, policies or processes that create costs exceeding benefits. In convening the APOC, the Commissioner requested that the group examine where administrative burdens to providers are excessive, and make recommendations for reducing those burdens. He also asked that the group focus first on the three administrative functions most often cited by the CIAT: auditing, contracting and licensing. He further reiterated that the APOC work should be conducted as a collaborative undertaking, inclusive of the broad provider community, as well as appropriate DHHS managers and staff.

The purpose of this report is to outline the specific recommendations developed through the APOC process. Each recommendation includes identification of the administrative burden the recommendation is designed to reduce, the strategies for reducing the burden, any cost savings that might result, and the potential impact on accountability. Each recommendation is also accompanied by a specific work plan for implementation, along with a timeline for completion.

PROCESS: HOW THE WORK WAS CONDUCTED

Under the direction of the DHHS Deputy Commissioner for Operations and Support, an administrative structure was created for completing the Commissioner's charge. As outlined on the following pages, the administrative structure included an oversight committee, as well as three Work Groups, each representing one of the three administrative functions. Each Work Group was Co-Chaired by a DHHS Manager and a provider representative. A complete list of group membership is included in the Appendix.

ORGANIZATIONAL CHART



ADMINISTRATIVE PROCESSES OVERSIGHT COMMITTEE

GUIDING PRINCIPLES

To assure alignment between the work of the subcommittees and the DHHS mission and vision, APOC members developed the following Guiding Principles to direct the actions of the three Work Groups.

PURPOSE

To achieve reductions in regulatory and administrative burdens for health and human service providers while maintaining the highest standards of accountability and quality, client-centered services.

PRINCIPLES

Create an administrative system for licensing, contracting, auditing and billing:

1. whose purpose is to support a high quality, client-centered service delivery system.

The administrative structure is a “means” for providing quality service delivery; the structure creates a positive working environment in which committed staff and providers work together to achieve positive outcomes for Maine citizens.

2. that is dynamic, flexible and agile in response to a changing environment.

The regulatory and administrative systems are (a) responsive, (b) performance-based, (c) designed to promote continuous improvement and (d) consistent with LEAN principles.

3. that represents an appropriate balance between centralized accountability and the elimination of unnecessary administrative burdens.

Structure, rules and processes are streamlined, non-duplicative, efficient, and less burdensome without sacrificing the essential elements of public accountability; performance expectations are clear; outcome goals are jointly derived by DHHS and providers; performance data and consumer feedback is used to make continuous

improvements in administrative performance.

4. that is cost effective.

Increased efficiency (the elimination of duplication, streamlined processes, reduction of paperwork, etc.) creates cost savings both for the provider and the Department.

5. that is organized and operates to provide the maximum clarity and convenience for providers.

Providers can easily understand and navigate the system; communication is respectful, timely and consistent; providers get correct, authoritative, and timely answers to questions, including formal, written definitive policy clarifications; timeframes are realistic and business process turnaround is fast and consistent; formal structures are in place to receive provider feedback and to use feedback for continuous improvement.

6. that connects administrative and business processes to policy and planning through effective communication structures and protocols.

Clarity in roles and decision-making structure; seamless connections between policy/ planning and administrative systems; formal structures for feedback; decision and rule making that includes the voice of providers, consumers and advocacy groups.

PROCESS

Building on work already completed (the Unification Council Report, the CIAT Report, the Advisory Working Group for Mental Health Services, etc), the APOC will work with groups of providers, consumers, advocates, DHHS staff and others to:

- Review/assess existing rules, regulations and administrative processes related to licensing, contracting, auditing and billing;
- Make recommendations for improvements;
- Establish timelines and benchmarks for the implementation of recommendations.

Over the period of September through December, the Work Groups met an average of twice a month, focused on the following charge:

WORK GROUP CHARGE

The purpose of the _____ Work Group is to make recommendations to the DHHS Commissioner for achieving reductions in the regulatory and administrative burdens to health and human services providers associated with the DHHS _____ process. To accomplish this purpose, the Committee will conduct the following activities in alignment with the APOC “Guiding Principles”:

1. Identify those areas where unnecessary administrative burdens and costs are evident.
2. Prioritize areas to be addressed under APOC process.
3. Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability.
4. Include a broad work plan and time lines.

The APOC met once a month to review the draft products of each Work Group, and to identify and discuss cross-cutting issues. Through this process, each work group developed a set of recommendations and a description of how the implementation of each recommendation will move forward, (see “Findings/Recommendations”). In recognition of the need to continue the momentum started through this process, the APOC will continue to meet quarterly to oversee the implementation and to discuss any barriers that arise.

FINDINGS/RECOMMENDATIONS

Even as recommendations for improvement were discussed, providers were quick to compliment the Department on changes already made. Not only did providers acknowledge improvements in efficiency resulting from changes in DHHS structure, they also complimented the Department for opening a dialog between providers and the Department, as evidenced by the APOC process.

But in addition to recognizing what is already working, there was also a significant amount of consensus on the areas where work remains. Although each work group developed recommendations specific to their individual charge (auditing, contracting/billing, or licensing), it was also evident that there were overlapping themes among all of their findings. As recommendations were submitted to the APOC, four areas of overlap were identified:

1. Communication – All three groups identified communication, both internal within DHHS, and external to the provider community, as an area in need of improvement. Externally, providers were requesting more formal and consistent communication regarding policy development and interpretation. They also cited problems in knowing who to contact at DHHS with specific questions, and the frustration they experience when they call multiple offices and are not able to find answers. Internally, DHHS staff acknowledged that some of the provider's frustration results from a lack of clarity in communication internally.
2. Streamline processes/rules – All three groups identified areas where processes can be streamlined, and where rules, regulations and/or business processes may not add value commensurate to the administrative costs and burdens they impose. All three work plans include a review of rules and processes.
3. Consistency – Providers requested more consistency in how rules and policies are interpreted and applied, both across regions, and across administrative functions.
4. Better use of technology – Providers and DHHS agreed that a key to improving the interface between the Department and its providers is the Department's ability to

expand its electronic capacity. Technological needs were expressed both in terms of resolving communication issues, (a clearer website, more information on who to contact with specific questions, organizational charts, forms to download, etc) and improving efficiencies, (allowing providers to complete key pieces of work on-line, such as submitting licensing applications, completing contract forms, submitting audit reports, etc).

Based on the identification of these overlapping issues, the APOC drafted cross-cutting recommendations that supercede the authority of any single work group or administrative unit. APOC recommendations are included following the recommendations of the three Work Groups.

AUDIT WORK GROUP

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CHARGE OF THE AUDIT WORK GROUP:

- Identify areas where unnecessary administrative burdens and costs are evident
- Prioritize areas to be addressed under Audit process
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability
- Include a broad work plan and time lines

INTRODUCTION

The Audit Work Group consisted of representatives from large and small community agencies (CAs), independent public accounting firms (IPAs), a trade organization, and DHHS' Offices of Audit (OA) and Contracting. Meetings were co-chaired by the Director of the Office of Audit, and CFO and Treasurer of Spurwink, Inc.

The Audit Work Group developed three sets of recommendations designed to reduce inconsistent and redundant practices, increase efficiencies with improved performance, and enhance capacity.

Of principal importance was revising the existing Maine Uniform Accounting and Auditing Practices (MAAP, version III) Statute and accompanying Rules to increase uniformity and consistency of audit requirements across state and federal audits where appropriate; repealing exceptions to MAAP III under Chapter 50 when rule changes are proposed; and incorporating selected elements of Chapter 50 into MAAP IV or contracts, if needed. The Recommendation included the appointment by DHHS of a small working group with members representing OA, CAs, IPAs and Contracting. The Audit Work Group anticipates that audit requirements in the revised statute and rules will help reduce, for everyone, some of the burdens associated with community agency reporting and the timing and coordination of reports (see recommendations on pages 20 and 24). To further improve outcomes, the Audit Work Group also recommended expanded opportunities for sharing information with stakeholders by establishing regular training sessions; creating a web-based tool for posting FAQs, common problems and findings, and sponsoring periodic meetings with representatives of all the parties.

The following recommendations were submitted by the Audit Work Group, along with the attached summary of proposed MAAP changes.

RECOMMENDATION FOR "QUALITY"

RECOMMENDATION

Ensure consistent application of MAAP compliance reporting and accurate representation of contract activity specific to MAAP compliance within community agencies (CAs). Ensure that MAAP and Federal Single audits are conducted in accordance with applicable standards.

STATEMENT OF THE BURDEN

Currently community agencies are obligated to invest additional time and money researching and responding to inquiries from the Office of Audit which reviews agency financial statements, MAAP schedules, and settlement forms as well as the audits conducted by IPAs.

BROAD STRATEGIES

Identify the criteria for improving uniformity and accuracy of reporting by CA; determine indicators of success (e.g., greater adherence to standards by CA, QCR of IPA audits demonstrates adherence to professional standards; smaller number of appeals). Conduct side-by-side review of OA/IPA audit practices to identify best practices that increase likelihood of identifying non-compliance with cost principles and administrative requirements. Expand type and frequency of training and other forms of information-sharing with community agencies, IPAs, and contract staff.

COST IMPACT/ SAVINGS

The cost to the system in dollars will increase. Some community agencies will need more staff or better trained staff; some IPAs will need to increase billing time. If quality improves, less time will be spent on appeals and answering questions.

IMPACT ON ACCOUNTABILITY

Clearer expectations for all, together with adherence to quality standards and best practices, will improve accountability. Most importantly, under these conditions, accountability to the consumer will increase when the Department and others are better able to answer the question, “is the consumer getting what the State is buying?”

"QUALITY" WORK PLAN

RECOMMENDATION

Ensure consistent application of MAAP compliance reporting and accurate representation of contract activity specific to MAAP compliance within community agencies (CAs). Ensure that MAAP and Federal Single audits are conducted in accordance with applicable standards.

STRATEGIES (WHAT) MACRO	Develop strategy for ensuring accuracy and uniformity of MAAP compliance reporting.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> Identify key stakeholders, convene group
DEADLINE (WHEN)	Ongoing
WHO LEADS	Office of Audit Work Group
STRATEGIES (WHAT) MACRO	Determine indicators of success (e.g., greater adherence to MAAP compliance standards, fewer OA findings, smaller number of appeals, reduced costs to agencies, shortened time to closeout), data sources, and collection methods.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> Review typical OA findings and agency appeals, categorize findings, examine for trends Compare with best practices Make recommendations for improvements as identified in attached work papers (e.g., train for easier identification of unallowable costs; build incentives for improving performance, identify ways to effectively monitor performance) Select indicators of success and establish mechanism for measuring
DEADLINE (WHEN)	Ongoing

WHO LEADS

OA and WG

STRATEGIES (WHAT) MACRO

Identify duplicative audit practices and opportunities for streamlining.

ACTIVITIES (HOW) MICRO

- Conduct side-by-side survey of audit practices and procedures.
- Assess degree of overlap, impact on quality. Make recommendations for minimizing, where appropriate.

DEADLINE (WHEN)

July 2006

WHO LEADS

STRATEGIES (WHAT) MACRO

Expand type and frequency of training and other information-sharing with community agencies, IPAs, and contract staff.

ACTIVITIES (HOW) MICRO

- For each audience, identify purpose of training, assess training needs (e.g., CA training in ASF preparation)
- Design curriculum and develop strategies for delivering (e.g., cross-train where appropriate)
- Investigate the feasibility of designing and maintaining a web-based tool as a convenient communication device (e.g., posting FAQs, common problems and recommendations for improvements)
- Determine indicators of success of communication strategy, evaluate

DEADLINE (WHEN)

Ongoing

WHO LEADS

Office of Audit

RECOMMENDATIONS FOR TIMING

RECOMMENDATION

Coordinate or develop uniform reporting requirements for Medicaid and MAAP. Assign an audit team with a designated lead auditor that uses a coordinated scheduling process to reduce multiple interpretations and duplication of work, requests, and reports. Streamline the number of required reports and their varying deadlines by reporting on all funding services in one report.

STATEMENT OF THE BURDEN

CAs are required to submit several different reports to the OA. Each report has different time frames and expectations for the CA, the auditor and the IPA. The multiple deadlines and schedules create a burden for the OA who has limited resources for fulfilling its obligations within a reasonable period of time. OA requests for information are often for periods several years old. Answering these requests requires extra time because the documents are often in storage. The CA is given a short deadline for responding to the requests. The limited numbers of specialist audit staff are unable to conduct single audits so that several auditors are requesting information creating additional burdens for themselves, the CA, and the OA itself.

BROAD STRATEGIES

Create more uniform reporting requirements for all funding sources so that only one report is necessitated. Create a format that enables reporting in one rather than multiple formats. Prepare OA auditors to work in coordinated teams with minimal burden to themselves and others. Assess current processes for conducting audits and look for additional ways to increase efficiencies – for example, by investigating current audit monitoring processes, methods for increasing collaboration between the OA and Contracts, and exploring ways to increase relevant information-sharing within the Department. Finally, investigate how extensive reporting requirements should be for smaller community agencies.

COST IMPACT/SAVINGS

There are initial cost increases associated with (a) changing or adjusting audit processes and deadlines and (b) conducting training sessions for agencies, IPAs, and OA staff.

IMPACT ON ACCOUNTABILITY

Coordination of processes, schedules, and deadlines will facilitate timeliness and reduce burden to the agencies.

TIMING WORK PLAN

RECOMMENDATION

Coordinate or develop uniform reporting requirements for Medicaid and MAAP. Assign an audit team with a designated lead auditor that uses a coordinated scheduling process to reduce multiple interpretations and duplication of work, requests, and reports. Streamline the number of required reports and their varying deadlines by reporting on all funding services in one report.

STRATEGIES (WHAT) MACRO	Create more uniform reporting requirements for all funding sources so that only one report is necessitated.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Appoint a small representative work group • Identify current requirements and their source • Determine if changes require changes in statute and/or coordination strategies • Recommend action plans and expected outcomes to implement desired changes
DEADLINE (WHEN)	Ongoing
WHO LEADS	Office of Audit
STRATEGIES (WHAT) MACRO	Create a format that enables reporting in one rather than multiple formats.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Appoint a small representative work group • Design a format that adheres to statute • Pilot test and revise as necessary
DEADLINE (WHEN)	Ongoing
WHO LEADS	Office of Audit

STRATEGIES (WHAT)
MACRO

Prepare OA auditors to work in coordinated teams with minimal burden to themselves and others.

ACTIVITIES (HOW)
MICRO

- Identify successful models of team auditing from other states and CPA practices
- Design a work-context based training approach that maximizes application, mentoring, and feedback, and minimizes classroom methods
- Try out the approach and revise as needed

DEADLINE (WHEN)

Ongoing

WHO LEADS

Office of Audit

RECOMMENDATION FOR MAAP STATUTE AND RULES

RECOMMENDATION

Revise selected sections of the MAAP Statute and Rules to reduce unnecessary inconsistencies in audit requirements across state and federal audits and streamline processes so that they (a) are consistent with and complementary to A133 federal audit requirements where appropriate and (b) reduce burdens to state Office of Audit (OA), Independent Public Accountants (IPAs), and community agencies (CAs) while maintaining accountability.

STATEMENT OF THE BURDEN

The MAAP statute is inconsistent with A133 and requires compilation for Tier 1 agencies. MAAP Rules are also inconsistent leading to conflicting goals and practices (e.g., scope, materiality), different audit requirements (testing of major programs).

Several specific areas¹ pertaining mostly to MAAP rules were identified as burdens to be addressed and included:

1. Chapter 50 exceptions, which the group recommended eliminating, if appropriate. (Note: There was a minority concern that the exceptions should not be eliminated; consideration should be given to adding exceptions to MAAP rules or directly to the contracts).
2. Inconsistencies between MAAP (Chapter 30) rules and A133 rules.
3. Unclear criteria for determining materiality thresholds.
4. Absence of draft findings as a way to avoid the Appeal process – itself a burden.
5. Confusion about reporting cost-share funds.
6. Constraints to moving funds between internal accounts.
7. No consistent timetable or process for responses by OA to CAs and IPAs.
8. Problems with Appendix 11 regarding pro forma contracts.
9. Appeals process too lengthy and complex.

¹ See minutes and attachments from November 23, 2005 Audit Work Group Meeting for detailed descriptions of each of these items.

BROAD STRATEGIES

Appoint small working group (MAAP Committee) with members representing OA, IPAs, Contracting, and small and large community agencies. Analyze and recommend both MAAP statute and rules changes to the deputy commissioner and the legislature. Prepare report on recommendations and submit to deputy commissioner for either legislation or rule changes.

COST SAVINGS

Initial cost increases by the CA is expected due to resulting adjustments to changed procedures, forms, and learning curve. As participants become more comfortable or increasingly efficient, costs will decrease. OA projects a cost savings of approximately \$2,000 per agency, for a total of \$400,000, if the compilation requirement is eliminated and CAs do not elect to have audits done for other purposes (e.g. bank loans).

IMPACT ON ACCOUNTABILITY

To assess whether recommended changes have made a difference, each area needs to be evaluated. By definition, we expect that an evaluation will increase and document accountability for both practitioners and the public. Evaluation will provide the basis for the creation of monitoring mechanisms to sustain accountability practices in the future.

MAAP STATUTE AND RULES WORK PLAN

RECOMMENDATION

Revise selected sections of the MAAP Statute and Rules to reduce unnecessary inconsistencies in audit requirements across state and federal audits and streamline processes so that they (a) are consistent with and complementary to A133 federal audit requirements where appropriate and (b) reduce burdens to state Office of Audit (OA), Independent Public Accountants (IPAs), and community agencies (CAs) while maintaining accountability.

STRATEGIES (WHAT) MACRO	Appoint small working group with members representing OA, IPAs, small and large community agencies, and contracting.
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ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Develop criteria for membership • Select at least six members reflecting criteria • Provide charge or purpose for group • Schedule meetings and create meeting process
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DEADLINE (WHEN)	December 31, 2005
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WHO LEADS	DHHS Commissioner (to appoint and approve)OA
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STRATEGIES (WHAT) MACRO	Analyze and recommend changes to MAAP statute.
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ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Re-write MAAP statute based on recommended changes • Seek approval from Deputy Commissioner • If approved, submit to legislative process
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DEADLINE (WHEN)	January 15, 2006
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WHO LEADS	OA/MAAP Committee
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STRATEGIES (WHAT) MACRO	Analyze and recommend changes to MAAP rules.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Re-write MAAP rules • Get approval from (Deputy) Commissioner • Submit using APA Process
DEADLINE (WHEN)	April 1, 2006
WHO LEADS	OA/MAAP Committee
<hr/>	
STRATEGIES (WHAT) MACRO	Prepare report on recommendations and submit to Deputy Commissioner for either legislation or rule changes.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Analyze recommendations • Use sub-groups if needed and assign to each recommendation as needed • Prepare a format for each recommendation, complete and submit to Deputy Commissioner for review and approval
DEADLINE (WHEN)	June 30, 2006 (rulemaking completed)
WHO LEADS	OA/MAAP Committee

MAAP SUMMARY

FROM NOVEMBER 9 AND 23, 2005 MEETINGS

MAAP STATUTE

1. Raise dollar threshold of accountability to federally authorized level (\$500K or applicable limit) for Tier 2 agencies.
2. Define dollar threshold to be \$X of “expenditures” (rather than of “funding or revenue”) to align with A-133 standards.
3. Eliminate, for Tier 1 agencies (<\$500K), the “compilation” requirement. Note: Since OA is obligated to closeout CA agreements, OA does not foresee a loss of accountability. In 2004, OA estimated a cost savings of approximately \$2K per agency, for a total of \$400K if the compilation requirement was eliminated and if CAs do not elect to have audits done for other purposes (e.g. bank loans).
4. Allow Tier 1 CAs the option of meeting Tier 2 “Single Audit” requirements rather than entering a risk pool.

MAAP RULES

1. Convene a small Advisory Committee for the purpose of making specific recommendations for revisions in content and language of the MAAP statute and rules.
2. Conduct side-by-side study of MAAP and A-133. Determine what A-133 is designed to accomplish and which components are advantageous for Maine and which are not.
3. Come to agreement on materiality threshold for MAAP audit of SAO and method for determining (e.g. percentage of revenue or expenditure).
4. Come to agreement on depth of testing, triggers for expanded testing, and sampling approaches.
5. Make draft audit reports available to CAs for possible resolution of concerns short of formal appeal.
6. Allow greater latitude in moving funds across lines. Small agencies are particularly burdened by 10% rule that triggers need for state-approved budget revision. Possibly

adopt federal standard that gives greater latitude for grants less than 100K.

7. Review cost share requirements that deter agency fund raising and hinder agency capacity-building.
8. Determine feasibility and advisability of establishing a timetable applicable to OA for issuance of examination report.
9. Revise Appeal Process with goal of parties reaching resolution sooner (approximately 6 months vs. several years). Consider using components of Medicaid appeal procedures (i.e., First: OA—30 days; Second: Order of Reference Hearing—30-60 days; Third: Commissioner, Fourth: Court).
10. Repeal exceptions to MAAP under Chapter 50 when rule changes are proposed.
11. Review requirements currently in Chapter 50 for possible inclusion in MAAP IV or in contracts.

CONTRACTING WORK GROUP

The purpose of the Contracting/Billing Work Group is to make recommendations to the DHHS Commissioner for achieving reductions in the regulatory and administrative burdens to health and human services providers associated with the DHHS contracting and billing process. To accomplish this purpose, the Committee will conduct the following activities in alignment with the attached “Guiding Principles”:

- Identify those areas where unnecessary administrative burdens and costs are evident.
- Prioritize areas to be addressed under APOC process.
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability.
- Include a broad work plan and time lines.

INTRODUCTION

The Contracting Work Group identified five key themes in its deliberations: improving communications, streamlining and standardizing contract formats, streamlining contracting processes, assuring that reporting requirements are useful and efficient, and clarifying settlement processes.

Throughout the discussion providers expressed appreciation for all of the work already completed or underway by the Division of Purchased Services. Much work has already been done to standardize contract riders and boilerplate, to improve electronic access to forms and policies, and to create a clear and effective organizational structure. Although the variety of services purchased presents challenges in standardization, the Division has worked hard to create structures and processes that maximize standardization where possible, while still meeting the unique needs of diverse services.

Providers and DHHS also agreed that this is an on-going process and there is more that can be accomplished. The group agreed that contract packages should be simplified to remove information that is either no longer relevant or contained in other places (such as licensing regulations). There was consensus on examining strategies for reducing provider work load, such as writing contracts for more than one year, eliminating 1st quarter reporting, creating a “master file” for assurances and certifications, and adding functionality to the DHHS website to allow providers to submit reports and contracts on-line. In addition, much conversation centered around communication, and who to contact to answer different types of questions, improving consistency in answers given by different DHHS units, and improved provider training.

The complete list of contracting recommendations and work plans are attached.

RECOMMENDATION TO PROVIDE COMMUNICATION AND TECHNICAL ASSISTANCE TO CONTRACTED PROVIDERS

RECOMMENDATION

Provide consistent, timely and accurate communication/technical assistance to all contracted providers

STATEMENT OF THE BURDEN

Providers report inconsistent application of policies and procedures across regions and from staff representing different DHHS administrative structures, such as program offices, the contracting office, licensing and auditing. Regions may have the same policies, but the interpretation of those policies can be inconsistent. Providers also report having to defend parts of a signed agreement throughout the year as program staff and agreement administrators may differ in their interpretation of the methodology.

When attempting to receive clarification and resolution of contractual matters, providers encounter difficulty knowing who to go to for answers. Providers have expressed a need to know who to call for specific questions, and they need to trust that the answers they receive are accurate and will be consistently applied. Additionally there is a need for training so that providers receive a comprehensive orientation to the entire contracting process and regular updates on changes in policies or processes.

BROAD STRATEGIES

Clearly specify who within the Department can answer which questions. Improve internal communication among DHHS program, policy, contracting, licensing and auditing staff so that policy interpretations are uniform and information communicated to providers is consistent.

Create an integrated information system to streamline timelines and standardize procedures. As part of this integration expand the use of the Department's website as a communication tool to serve as a mechanism for frequently asked questions, updates and

orientation for providers and the public.

Make training available to providers.

COST SAVINGS

Initially, the Department will have to invest resources to review practices for consistency across the Department, engage in staff training, and provide communication to the provider community. Once those systems are in place, consistent application of agreement and billing requirements will result in more efficient use of resources for both the Department and providers.

IMPACT ON ACCOUNTABILITY

Consistent interpretation and application of contracting and billing procedures will lead to increased accountability. This improved communication structure will give providers clear lines of communication for resolution of contracting and billing matters.

COMMUNICATION AND TECHNICAL ASSISTANCE WORK PLAN

RECOMMENDATION

DHHS provides consistent, timely and accurate communication/technical assistance to all contracted providers

STRATEGIES (WHAT) MACRO

Clearly specify, identify and flowchart who within the Department can answer which questions.

ACTIVITIES (HOW) MICRO

- a. Maintain an updated DHHS Master Organizational Chart on-line with links to specific structures. Chart would include names, titles and telephone numbers.
- b. Explore feasibility of having contact information in each agreement for the following areas: fiscal, program and audit to streamline the process of direct communication regarding specific questions from providers.
- c. Develop list of frequently asked questions and group them by who would be responsible when provider issues arise. Clearly identify who providers can go to (next level up) if they do not get a response in a timely manner or response is contradictory to FAQ protocol.

DEADLINE (WHEN)

- Item (a) completed.
- Item (b) October 2006
- Item (c) Ongoing work with APOC

WHO LEADS

Division of Purchased Services

STRATEGIES (WHAT) MACRO

Improve communication processes to assure consistency in direction given to providers.

ACTIVITIES (HOW)
MICRO

- a. Create a formal, centralized protocol for the written release of policy or procedural changes, from both the financial and program offices, similar to the “Action Transmittal” used by the Division of Purchased Services.
- b. Create a formal structure of communication among program/policy staff (oversight of Rider A and E), agreement/financial staff (oversight of other riders, agreement processing, payment, etc) licensors, and audit staff.
- c. As needed, hold a group communications meeting with all providers to discuss changes and requirements. Include program, audit, financial, and agreement staff in meeting.

DEADLINE (WHEN)

- Item (a) Protocol for policy releases has been completed.
- Items (b) and (c) Ongoing work of APOC

WHO LEADS

Division of Purchased Services

STRATEGIES (WHAT)
MACRO

Provide training and place to go for providers to become oriented to the process and also receive updates on changes in processes.

ACTIVITIES (HOW)
MICRO

- Develop a comprehensive, checklist of all the things a provider needs to do throughout the process.
- Regularly scheduled group training sessions will be held across the state and will include agreement staff, (program and fiscal) licensors (as appropriate) and auditors as trainers. Training will include entire contracting, billing, and auditing processes (the checklist).
- Providers will notify DHHS if they have turnover in staff to request additional technical assistance
- Providers will utilize peer resources via association contacts to answer questions.
- Merge the outcomes of the above mentioned processes into a communication plan

DEADLINE (WHEN)	October 2006
WHO LEADS	Division of Purchased Services

STRATEGIES (WHAT)	Develop a Communication Plan
MACRO	

ACTIVITIES (HOW)
MICRO

DEADLINE (WHEN)	October 2006
WHO LEADS	Division of Purchased Services

RECOMMENDATION FOR AGREEMENT FORMATS

RECOMMENDATION

Ensure that agreement formats are consistent and streamlined to contain only essential information

STATEMENT OF THE BURDEN

The present agreement format is very long and contains numerous contractual citations and programmatic information that are unnecessary (e.g. licensing), repetitious and costly in terms of paper, storage and the length of time to review. Agreements frequently have over 30 pages of boilerplate that is repeated across multiple agreements with the same agency. The lengthy format makes it difficult to find slight changes between contract years. Budget information is required in multiple places in the agreement, making it easy to make errors. Much of the standard language restates what is already required by law, regulation, etc.

Although the new DHHS Division of Purchased Services has made many improvements in the last year, some inconsistencies in formats remain. Inconsistencies make it difficult to compare costs/services across services or programs, and working between various contracting formats is inefficient for providers and DHHS leaving much room for error. DHHS staffs are challenged to provide consistent answers as to what providers are required to do as part of the agreement since agreements may vary somewhat in form. Agreement administrators get questions they cannot answer about why the different programs within the Department utilize varying formats.

BROAD STRATEGIES

Reduce length of agreements by including only what is legally required. Improve consistency/simplicity in agreement formats for program and financial/legal components and include provider input to review any proposed future additions to agreement language.

Through an inclusive process, explore options for consolidating agreements for multi-service agencies.

Increase the use of multi-year agreements, preferably written 2nd year of biennium.

Assure that agreement performance measures are reviewed for usefulness and aligned with measures required in the RFP.

Expand use of the website to provide detailed information on the contracting process such as which forms to use and how to complete them. Explore possibility of web-enabled agreement renewal materials for on-line completion and submission of agreement information.

COST IMPACT/ SAVINGS

The development of a web portal will have significant associated costs; a feasibility study should be conducted first. For the remaining activities, although initially there would be increases in time associated with making changes to the format, providing training for staff and providers, etc., in the long-term, less paperwork and more consistency (e.g., less duplication of effort) will translate into substantial time-savings for both providers and DHHS.

IMPACT ON ACCOUNTABILITY

Clearer expectations for all, together with adherence to quality standards and best practices, will improve accountability; removing unnecessary language (e.g., repeating requirements already stated in licensing) does not increase risk.

AGREEMENTS FORMAT WORK PLAN

RECOMMENDATION

DHHS to ensure that agreement formats are consistent and streamlined to contain only essential information

STRATEGIES (WHAT) MACRO	Reduce length of agreements by including only what is legally required.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> a. Provide streamlined agreement examples from other states and formulate a request to DAFS, Division of Purchases for a decision on what constitutes essential information. b. Implement a review of agreement contents to: <ol style="list-style-type: none"> ◦ Review existing assurances and boiler plate ◦ Assess what materials are absolutely required ◦ Remove unnecessary materials ◦ Assess what, if any, of required materials can be attached by reference rather than full language c. Differentiate between state requirements (Rider B, D, and E) and agreement requirements. Examine potential of establishing a "Provider Master File" with all signed assurances etc. (state requirements) rather than including materials in each individual agreement. d. Remove all licensing requirements from agreements. e. Establish a formal on-going legal notification and review process, inclusive of provider input, to review any proposed future additions to agreement language.
DEADLINE (WHEN)	<ul style="list-style-type: none"> • Item (a) and (d) July 2007 • Items (b) and (c) October 2006 • Item (e) Ongoing
WHO LEADS	Division of Purchased Services, Division of Administration Financial Services (DAFS) and the Maine Attorney General Office

STRATEGIES (WHAT) MACRO	Improve consistency/simplicity in agreement formats.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Convene a review team to look at all agreement formats for all services – both program and financial/legal components. Identify what can be standardized and be explicit where standardization isn't possible. • Create common templates for financial/legal requirements in all agreements. Assure that Riders and financial pages are in the same level of detail for all services. • Assure that standard formats are used across all Offices at DHHS, not just agreements written by the Purchased Services Unit. • Edit standard forms to remove budget information from multiple sections of the agreement. • Create common templates for program requirements within each service area, across all Offices of DHHS and across all regions of the state (Rider A). • Expand the use of fee for service agreements. • Complete the work of placing standardized agreement formats on the web by service area.
DEADLINE (WHEN)	Completed with the exception of Rider A
WHO LEADS	Division of Purchased Services
STRATEGIES (WHAT) MACRO	Explore options for consolidating agreements for multi-service agencies.
ACTIVITIES (HOW) MICRO	<ul style="list-style-type: none"> • Through an inclusive process, review the potential for combining multiple services into one agreement; consider logistical and management pros and cons. • Identify agencies that would benefit from single agreements. • Develop policies to determine when to use multiple-service agreements.

DEADLINE (WHEN) July 2007

WHO LEADS Division of Purchased Services

STRATEGIES (WHAT) Increase use of multi-year agreements, preferably written
MACRO second year of biennium.

ACTIVITIES (HOW) • Explore impact of moving to 2 year agreements, (legal,
MICRO process, workload and accountability impact)

- Define a streamlined process for revision/adjustments in second year.
- Develop policies to determine when to use multi-year agreements.

DEADLINE (WHEN) July 2006

WHO LEADS Division of Purchased Services

STRATEGIES (WHAT) Assure alignment and usefulness of performance measures.
MACRO

ACTIVITIES (HOW) • Align agreement performance measures with content/
MICRO format of measures required in RFP.

- Review performance measures for usefulness for provider and DHHS
- Develop policies for assuring alignment and usefulness of measures.

DEADLINE (WHEN) October 2006 and ongoing with release of new RFPs

WHO LEADS Division of Quality Assurance

STRATEGIES (WHAT) Expand use of web for agreements.
MACRO

ACTIVITIES (HOW)
MICRO

- a. Create a web-based portal for housing agreement materials (forms, instructions, rules) specific to each provider.
- b. Explore feasibility of web-enabled agreement renewal materials – allow providers to select correct forms, provide information just once, complete and submit forms on-line.
- c. System includes detailed guidance in how to complete forms, what forms to use, etc.

DEADLINE (WHEN)

- Item (a) is completed
- Items (b) and (c) October 2007

WHO LEADS

Division of Purchased Services

RECOMMENDATION FOR AGREEMENT PROCESSES

RECOMMENDATION

Ensure that agreement processes are clear, streamlined and consistently implemented.
Agreement processes allow adequate time for providers to meet deadlines.

STATEMENT OF THE BURDEN

Although the Department has made great strides in the last year towards resolving these issues, there are still occasions when timelines are a burden. When there is a lack of clarity/standardization regarding timelines it is difficult for organizations to conduct planning. Tight or inconsistent timelines, do not give providers adequate time to plan program adjustments. Late starting agreements create a financial burden to providers who must borrow money to continue operating and thereby incur interest costs. Even if the late start is due to the late release of information from the Department, additional funding for interest costs is not provided.

In addition to timelines, there are process issues that can be problematic. Although the majority of agreements are processed in a timely fashion, the encumbrance process can sometimes delay agreements such that they are not through the process in time to meet the payment schedule. Providers are asked to work on agreement packages before they are final; changes in the final package then creates additional work. Lack of clarity causes delays and errors in submissions that cost person time and resources.

The present agreement model allows for agreements of \$2,500 and less to be executed in an expeditious fashion. Any agreement above \$2,500 requires a much more involved process. This agreement model is limited and other ways of modifying this process should be investigated.

The length and complexity of Rider A and budget forms require too much time to complete. The Department should assure that the requirements for amendments and revisions are clear, consistent and communicated to providers.

BROAD STRATEGIES

Develop procedures for renewal/extension of agreements that provide consistent timelines and policies for all agreements.

Develop a process for releasing “proposed” allocations when legislative actions delay final allocations.

Develop policies for “transparent” process for allocation decisions.

Explore possibility of streamlined review processes for agreements at a third agreement threshold.

Conduct a workflow analysis of the agreement process to determine the appropriate workload/staffing required to assure timely processing.

COST SAVINGS

In the long-term, less paperwork and more consistency will translate into savings for both providers and DHHS.

IMPACT ON ACCOUNTABILITY

No impact

AGREEMENT PROCESSES WORK PLAN

RECOMMENDATION

DHHS to ensure that agreement processes are clear, streamlined and consistently implemented. Agreement processes allow adequate time for providers to meet deadlines.

STRATEGIES (WHAT) MACRO	Develop procedures for timely renewal/extension of agreements.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> a. Create and publish a consistent agreement renewal timeline for agreements on both the July and October renewal cycle. b. Communicate updates formally when timeline cannot be met by DHHS; assure that timeline and all communications are clearly written and complete with contacts, the allocation process, changes in allocations, etc. c. Develop policies for releasing “proposed” allocations and agreement renewal materials when legislative action has delayed “final” allocations. Policies will ensure that agreements are in place by agreement start date, even if final information is late in arriving. Options include: Submitting renewals on standard timeline, based on “proposed” allocations; amend when “final” allocations are available. d. Policy, timeline and FAQs placed on web-site and updated regularly.
DEADLINE (WHEN)	<ul style="list-style-type: none"> • Item (a) completed for FY06 cycle; one will be published for the FY07 cycle December 31, 2006. • Items (b) and (c) contract forms have been on the web since FY01; we will expand to include policy and timelines by December 31, 2006. • Procedures Manual by March 2006.
WHO LEADS	Division of Purchased Services

STRATEGIES (WHAT) MACRO	Develop policies for “transparent” process for allocation decisions.
ACTIVITIES (HOW) MICRO	Develop a policy for communicating allocation decisions and the basis/rationale for changes in allocations.
DEADLINE (WHEN)	October 2006
WHO LEADS	APOC
STRATEGIES (WHAT) MACRO	Explore streamlined review process at “intermediate” agreement thresholds.
ACTIVITIES (HOW) MICRO	Examine the possibility of streamlined review/approval processes for agreements at a third threshold, (ie, over \$2,500 but under \$10,000; over \$10,000 but under \$50,000, etc).
DEADLINE (WHEN)	July
WHO LEADS	Division of Purchased Services and DAFS, Division of Purchasing
STRATEGIES (WHAT) MACRO	Study the agreement process and the appropriate caseload/staffing required to assure timely processing.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Conduct a work flow analysis to document agreement processing and time required per step. Assess the time-savings potential in implementing recommendations of this work group. Conduct a LEAN assessment of current business processes and potential for streamlining. Implement LEAN improvements. Determine appropriate staffing based on assessments. Provide information to DHHS decision-makers.

DEADLINE (WHEN)

Items (a), (b), (c), and (d) LEAN process analysis has been initiated; recommendations have been given to upper management and are being considered.

WHO LEADS

Division of Purchased Services

RECOMMENDATION FOR FINANCIAL REPORTING PROCESSES

RECOMMENDATION

Ensure that service, performance and financial reporting processes are efficient and useful to both parties.

STATEMENT OF THE BURDEN

Standardized reporting formats across DHHS structures (including Offices that manage their own agreements) should be more consistent to reduce confusion and inefficiencies. The DHHS Division of Purchased Services has made these changes in agreements that they manage, but inconsistencies remain in the Department as a whole. Resources could be better utilized if providers were able to submit reports electronically. Reporting requirements should be clearly defined and reviewed to eliminate wide variations between services. Lost reports require providers to send duplicate copies at various points in the contract year.

Providers would like a formal process for getting feedback on performance/service reports and a means to confirm that the Department has received the reports. Providers feel that the reporting requirements are excessive and financial reporting could be streamlined to eliminate unnecessary reporting. Lengthy narrative progress reporting is very time consuming and should be reviewed from a perspective of cost-benefit.

Having clearer performance criteria would reduce the wide variability in how performance measures are reported. Performance criteria in agreements should be consistent with the purpose of funding or the outcomes stated in the RFP.

BROAD STRATEGIES

Develop standardized policies that have clear expectations and consistent protocols for reporting as well as payment adjustments.

Ensure that reporting formats are consistent and contain only information that has

demonstrated value. Provide feedback loops for sharing any aggregated data with providers.

Review requirements for financial reporting formats and timelines to eliminate unnecessary reporting and align with other financial reporting deadlines.

Assess feasibility of migrating to a standardized, all-electronic, web-based reporting system

COST SAVINGS

Consistent reporting formats and reducing reporting to only information that has demonstrated value will reduce time for both providers and the Department; creating an electronic reporting system will create additional costs in the short run, but cost savings via time efficiencies in the long run.

IMPACT ON ACCOUNTABILITY

No impact; only reporting elements that are of no demonstrated value will be eliminated.

FINANCIAL REPORTING PROCESSES WORK PLAN

RECOMMENDATION

Ensure that service, performance and financial reporting processes are efficient and useful to both parties.

STRATEGIES (WHAT) MACRO

Develop consistent policies for communicating with providers regarding the requirement for and status of reports submitted to DHHS.

ACTIVITIES (HOW) MICRO

- a. Communicate clear expectations at the start of the agreement regarding (1) reporting requirements and (2) how reports will be used and (3) the fiscal impact of not reporting in a timely fashion.
- b. Develop consistent protocols for how providers will be notified when financial reports indicating under-expenditure will result in a payment adjustment; include provisions for how providers can request a waiver of adjustment based on exceptional circumstances.
- c. Require notification when a reporting requirement changes at either DHHS or a provider agency.

DEADLINE (WHEN)

Items (a) and (c) are already in agreements.

WHO LEADS

Division of Purchased Services

STRATEGIES (WHAT) MACRO	Improve consistency and content of program reports to assure that only information that has demonstrated value is collected.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Create a more consistent, standardized “basic” program reporting format for appropriate groupings of agreements, with additional service-specific items added as needed. Ensure that reporting format is based on clear outcome measures; reduce or eliminate narrative-based reporting. Develop procedure by which program reports will be routinely shared with program staff. For any program data that is aggregated for analysis by DHHS, create a feedback loop that shares the aggregated data with providers.
DEADLINE (WHEN)	<ul style="list-style-type: none"> Item (a) now in Rider A, Section II; completed Item (b) referred to APOC Item (c) completed Item (d) DPS currently enhancing analytic capacity and provide aggregate reports target: July 2007
WHO LEADS	Division of Purchased Services APOC
STRATEGIES (WHAT) MACRO	Review financial reporting formats and timelines to improve consistency and eliminate unnecessary reporting.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Review requirements for financial reporting; assess the possibility of eliminating first quarter financial reports, requiring only three quarterly reports and one final report. Develop and communicate policies to standardize financial reports and timelines for submittal.
DEADLINE (WHEN)	July 2006

WHO LEADS

Division of Purchased Services
Office of Audit

STRATEGIES (WHAT)
MACRO

Assess feasibility of migrating to a standardized, all-electronic, web-based reporting system.

ACTIVITIES (HOW)
MICRO

- a. Research commercial off the shelf and custom web-based reporting systems in other Departments and states.
- b. Evaluate cost vs. benefit, including both development and maintenance costs and develop cost benefit analysis for the top five rated web reporting applications.
- c. Make recommendations to Deputy Commissioner in the form of a feasibility study.

DEADLINE (WHEN)

Researched completed by July 2007

WHO LEADS

Division of Purchased Services

RECOMMENDATION FOR PAYMENT AND FINANCIAL SETTLEMENT PROCESSES

RECOMMENDATION

Payment and financial settlement processes are clear, efficient and consistently implemented

STATEMENT OF THE BURDEN

Since the merger of BDS and DHS, there continues to be internal variances between programs/operating structures that make it difficult to know exactly where to go regarding resolution of a payment matter. More consistent settlement methods would reduce the confusion and difficulty of consolidating agreements.

Providers would like more information on payment receipts. Currently, payments that are received by providers who have multiple agreements are identified only by the provider Federal ID Number. This makes it difficult for providers to know which programs or activities have been reimbursed.

Requirements for revisions vary between State and Federal agreements. This confuses providers and results in the frequent submission of revisions and amendments. There is inconsistency in communication to providers regarding the need for revisions, (e.g., by policy, revisions are needed when costs exceed budget by 10% or more in a cost category; many providers believe that revisions are necessary when costs exceed budget by 10% or more in an individual line item).

BROAD STRATEGIES

Develop and communicate policies and procedures to ensure consistent invoicing and timely payments.

Clarify and standardize cost category thresholds and other requirements that trigger the

need for agreement revisions and amendments.

Provide clear description of what service is being paid on checks sent to providers.

Explore the potential of expanding the use of fee for service agreements where appropriate.

COST SAVINGS

Consistency in processes and the implementation of processes will reduce confusion and save providers staff time. Bringing state policy in line with federal policy on budget revisions would reduce the number of formal revisions required, saving time for both providers and DHHS.

IMPACT ON ACCOUNTABILITY

No significant impact on accountability

PAYMENT AND FINANCIAL SETTLEMENT PROCESSES WORK PLAN

RECOMMENDATION

Payment and financial settlement processes are clear, efficient and consistently implemented.

STRATEGIES (WHAT) MACRO

Develop and communicate consistent policies and procedures for invoicing, payment and auditing settlement.

ACTIVITIES (HOW) MICRO

- a. Improve communication between purchased service and billing offices; develop procedures to assure that the payment office has all relevant information on-hand in order to release timely payment, (status of reporting, amendments, audit information, revisions, etc).
- b. Develop the capacity to allow the full life of an agreement (agreement, revisions, payments, reporting, etc) to be visible on-line to all appropriate parties (agreement administrators, auditors, payment office, etc.)
- c. Develop consistent policies for invoicing across all of DHHS (including Maine CDC and OES); if agreement has a clearly stated payment schedule, (e.g. 12 equal monthly payments) do not require invoices.

DEADLINE (WHEN)

- Item (a) October 2006
- Item (b) internal access completed; external access by July 2007
- Item (c) July 2007

WHO LEADS	Division of Purchased Services DHHS Director DHHS Service Center
STRATEGIES (WHAT) MACRO	Clarify and standardize cost category thresholds and other requirements that trigger the need for agreement revisions and amendments.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Clarify and communicate the requirements (percentage thresholds; categories v. line items) that trigger a budget revision; assure that policies are consistently implemented across all DHHS Offices. Raise revision thresholds to align with federal requirements. Clarify and communicate amendment policies; assure that policies are consistently implemented across all DHHS offices.
DEADLINE (WHEN)	<ul style="list-style-type: none"> Items (a) and (b) July 2006 Item (c) March 2006
WHO LEADS	Division of Purchased Services Office of Audit
STRATEGIES (WHAT) MACRO	Provide clear description of what service is being paid on checks sent to providers. (Currently all funds due to one Federal Tax ID are combined into one payment).
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Meet with appropriate financial staff; explore ways to provide more information to accompany payment.
DEADLINE (WHEN)	Begin review by March 2006
WHO LEADS	Division of Purchased Services DHHS Service Center

STRATEGIES (WHAT) MACRO	Explore the potential of expanding the use of fee for service agreements where appropriate.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> a. Assess the feasibility of moving to contracting on a fee for service basis; assess benefits, risks, impact on accountability, impact on providers, etc; research similar systems in other states including the methodology used for rate setting. b. Develop policies to guide the use of fee for service agreements; include in policies: <ul style="list-style-type: none"> • The requirement for a clear, transparent, inclusive process for rate setting; • The requirement that all rates, as well as the methodology for rate-setting, be re-examined at regularly stated intervals via a transparent, inclusive process.
DEADLINE (WHEN)	In process
WHO LEADS	Division of Purchased Services

STRATEGIES (WHAT) MACRO	Explore the potential of expanding the use of Maine Automated Child Welfare Information System (MACWIS) to pay invoices
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> a. Assess the feasibility of expanding the use of MACWIS to process invoices for all of DHHS.
DEADLINE (WHEN)	July 2006
WHO LEADS	Division of Purchased Services

LICENSING WORK GROUP

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- Identify those areas where unnecessary administrative burdens and costs are evident.
- Prioritize areas to be addressed under APOC process.
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability.
- Include a broad work plan and time lines

INTRODUCTION

Two major themes emerged from the Licensing Work Group. First, members identified the need for greater “consistency,” in a variety of contexts. For example, the Licensing Work Group cited the need for more consistency in the Department’s approach to licensing, across the different licensing units (e.g., licensing for facilities and licensing for programs). Members also noted the need for more consistency in the way the same licensing standards are applied by different surveyors. Streamlining the licensing process was another major priority. Members recommended streamlined surveys and reporting requirements and asked the Department to explore the feasibility of deeming a provider in compliance with state standards when the provider had accreditation from a national accrediting body.

The Licensing Work Group discussed the opportunity to increase the Department’s effectiveness by giving the Department the flexibility to target its resources on providers struggling to comply, while reducing the frequency of surveys for providers who are performing well. Work group members also recognized that the Department is understaffed, with insufficient resources to develop and maintain the kinds of improvements identified. Members recommended an investment of resources to develop the improvements and that any cost-savings coming from proposed improvements be invested in the licensing capacity. They also made the recommendation, approved by the APOC, that the licensing committee continue to meet and continue to receive resources for staff support.

Finally the work group also developed a draft statement of philosophy for guiding licensing functions, which is included with the following recommendations.

DIVISION OF LICENSING AND REGULATORY SERVICES MISSION STATEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PURPOSE:

The purpose of the Division of Licensing and Regulatory Services is to support access to quality and effective health care and social services for Maine citizens by developing and applying regulatory standards that keep people safe and promote appropriate outcomes.

Guiding Principles for Licensing and Certification Activities:

1. Broadly accepted regulatory standards are achieved by collaboration with policy experts, providers, consumers and families.
2. To the extent possible, standards incorporate practices which research shows are effective in helping people have safe and appropriate outcomes.
3. The regulatory process is flexible, and promotes and rewards actions that improve quality and incorporate accepted best practices.
4. Before a requirement is adopted, the burden imposed by the requirement is measured against its benefit.
5. The degree to which standards are designed to minimize or eliminate risks is based on the nature and potential severity of the risk.
6. Redundancy of regulation, including duplication of requirements imposed by non-state licensing/certification authorities, is avoided.
7. Technical assistance is provided, when requested and as appropriate, and providers are allowed a reasonable amount of time to achieve compliance when violations do not constitute an immediate risk of harm.
8. Enforcement measures are proportional to the scope and severity of the violation.
9. Whenever an immediate risk of harm is identified, immediate action must be taken to mitigate the risk.
10. Regulatory requirements are applied in a consistent, fair, and predictable manner, and ample opportunity for discussion about the meaning of rules is provided.
11. Cultural sensitivity is reflected in licensing rules and operating procedures.
12. Providers have formal and informal opportunities to challenge findings and conclusions.

RECOMMENDATION FOR CONSISTENCY

RECOMMENDATION

Assure the consistent application of licensing requirements within and across programs, appropriately balancing the Department's enforcement responsibility with its responsibility to improve provider quality by providing technical assistance; define clear boundaries between other department functions (e.g., contracting and MaineCare) and ensure that the approach and standards are consistent and mutually supportive across these functions.

STATEMENT OF THE BURDEN

In some cases, different licensing units within the Department apply a different approach toward licensing because they are governed by different statutory requirements or because they are performing different licensing responsibilities (e.g., licensing a provider as a residential facility versus licensing a provider to provide clinical treatment or other services). In other cases, however, the differences may result because the different licensing units lack a common philosophy of the licensing function, or because the different licensing units have fulfilled their mission separately.

As a result, the licensing units within the Department have inconsistent approaches toward their licensing responsibilities with some partners providing technical assistance to improve quality, and some units focusing on enforcement, citing providers for noncompliance with standard).

Different licensing units also apply different and inconsistent vocabulary, standards, and measures of quality. Providers are also subject to inconsistent reporting requirements (e.g., the MDS minimum data set.) Even within licensing units, standards are sometimes applied inconsistently, depending on the individual reviewer's interpretation of the standards. When different licensing units impose different priorities on providers, the impact of the quality assurance function is diminished with inconsistent messages.

A similar problem arises when reimbursement for services under MaineCare rules or provider contracts impose inconsistent standards or priorities.

BROAD STRATEGIES

With the merger of the former Department of Behavioral and Developmental Services and the Department of Human Services, the new Department has an opportunity to create consistency across its licensing functions, consistent with the Department's mission and vision. As a foundation, the Department, in collaboration with stakeholders, should

- Define a consistent philosophy and approach toward licensing.

The Department will also need to

- Reconcile this philosophy and the scope of Licensing's responsibilities with other functions in the Department, including contracting and MaineCare.

Where possible, given statutory constraints and differences in responsibility, the Department should

- Develop a consistent vocabulary across licensing units,
- Establish a fair and consistent approach to measuring quality,
- Require consistency in standards, and
- Interpret and apply standards and provide technical assistance in a consistent manner.

Once defined, consistency should be

- Communicated among supervisors, staff, and internal and external partners and
- Incorporated into the training, policies, practices and procedures.

The Department should also

- Develop systems to ensure that everyone receives consistent information and technical assistance.

COST SAVINGS

In the short-term, the Department will have to invest existing resources into developing a consistent philosophy, reviewing standards for consistency across the Department, staff training, and communication to the provider community.

In the long-term, cost savings are not easily measured. However, consistent application of licensing requirements and other functions will increase the effective use of resources for both the Department and for providers.

IMPACT ON ACCOUNTABILITY

Accountability is strengthened by consistent and coordinated application of licensing standards. Providers have a better understanding of expectations and what they need to do to comply. Where licensing and reimbursement are aligned, consistency reinforces quality standards.

CONSISTENCY WORK PLAN

RECOMMENDATION

Assure the consistent application of licensing requirements within and across programs, appropriately balancing the Department's enforcement responsibility with its responsibility to improve provider quality by providing technical assistance; define clear boundaries between other department functions (e.g., contracting and MaineCare) and ensure that the approach and standards are consistent and mutually supportive across these functions.

STRATEGIES (WHAT) MACRO

Define a consistent philosophy and approach toward licensing.

ACTIVITIES (HOW) MICRO

- a. Convene stakeholder group.
- b. Review statutory responsibility for licensing across all categories of licensing; identify statutorily imposed inconsistency; identify unnecessary inconsistency across licensing.
- c. Review licensing function in context of the Department's vision and values.
- d. Define a common vision, mission and values across licensing units, consistent with the Department's mission and governing statutory obligations.
- e. Develop guiding principles for measuring quality and defining common vocabulary.
- f. Communicate consistency among supervisors, staff, and internal and external partners through training; where appropriate, develop interpretive guidelines to minimize inconsistent interpretation of standards.

DEADLINE (WHEN)

- Item (a) January 2006
- Item (b) January - April 2006
- Item (c) April 2006
- Item (d) April - June 2006
- Item (e) June 2006
- Item (f) June - September 2006

WHO LEADS

Division of Licensing and Regulatory Services

STRATEGIES (WHAT)
MACRO

Reconcile the role and philosophy of licensing with other functions in the Department including contracting and MaineCare reimbursement.

ACTIVITIES (HOW)
MICRO

- a. Broaden stakeholder group to include contracting MaineCare policymakers and program staff.
- b. Review role and responsibility of contracting and MaineCare.
- c. Clarify boundaries between roles and responsibilities. If applicable, recommend statutory changes to clarify boundaries.
- d. Identify opportunities for reinforcing shared priorities through licensing, contracting and MaineCare; develop plan for incorporating definition of boundaries and common priorities into policies, procedures and training.
- e. Develop plan for maintaining consistency and ongoing coordination.
- f. Communicate consistency among supervisors, staff, and internal and external partners through training; where appropriate, develop interpretive guidelines to minimize inconsistent interpretation of standards.

DEADLINE (WHEN)

- Item (a) July 2006
- Item (b) July - September 2006
- Item (c) November - December 2006
- Item (d) December 2006
- Item (e) January 2007 - February 2007

WHO LEADS

Bureau of Community Services Programs

STRATEGIES (WHAT) MACRO

Incorporate consistent philosophy, standards and vocabulary into policies, practices, and training.

ACTIVITIES (HOW) MICRO

- a. Prioritize the licensing functions to be addressed. Develop three-year timeline for completion, coordinated with other policy reviews.
- b. For each priority area:
 - Review and analyze licensing standards against common philosophy.
 - Review and analyze standards and governing statutes to identify unnecessary inconsistency; propose statutory changes if applicable.
 - Define common vocabulary for licensing standards and quality.
 - Define consistent standards for measuring quality.
 - Define consistent reporting requirements.
- c. Incorporate consistency into regulations
 - Develop “single entry point” strategy for providers interfacing with multiple parts of the Department. (match language to recommendation)
 - Communicate consistency among supervisors, staff, and internal and external partners through training; where appropriate, develop interpretive guidelines to minimize inconsistent interpretation of standards.

DEADLINE (WHEN)

- Item (a) January 2007
- Item (b) January 2007 - January 2010

WHO LEADS

Division of Licensing and Regulatory Services

RECOMMENDATION TO STREAMLINE THE LICENSING PROCESS

RECOMMENDATION

Streamline the licensing process by:

- Coordinating the licensing standards across the Department and across collateral surveyors (e.g., Fire Marshall, Rights of Recipient, etc.).
- Deeming a provider in compliance (in whole or in part) with state licensing requirements when the provider is in compliance with comparable standards applied by a nationally recognized and state approved accrediting body or by the federal government, to the extent feasible.
- Streamlining standards and the survey process to minimize duplication and ensure that state standards add value to the licensing function for federally certified providers.

STATEMENT OF THE BURDEN

Currently, some providers are subject to multiple sets of overlapping standards. For example, within the Department a provider might be licensed as an assisted housing program, a mental health provider and a substance abuse treatment provider. Currently the standards and process for all of these licenses are applied separately. Some of these standards are dictated by federal law, so reconciliation may not be possible. In addition, providers are also subject to duplicative or unnecessary documentation (e.g., documenting education for staff when the fact of a license or certificate indicates educational attainment) and reporting requirements.

Some providers seek federal certification in addition to complying with state licensing requirements. For these providers, the Department conducts the certification review on behalf of the federal government and then conducts a separate state survey. Where federal certification requirements and state licensing requirements are comparable, the process should be streamlined so that the State does not review twice for the same standards.

In addition to regulatory requirements, many providers seek and obtain Medicare certification and/or accreditation from a national accrediting body. The process of acquiring Medicare certification and/or accreditation can raise a provider's standards for assuring and improving quality, and staying current with best practices. In some cases, the standards imposed by the accrediting body are as rigorous, or more so, than state standards. In these cases, the State may be able to minimize duplication of effort by deeming a provider in compliance with some or all state standards when the provider is in compliance with comparable Medicare certification and/or accreditation standards.

Deeming may not be appropriate or feasible where standards are not comparable, where the accrediting body is not rigorous in assessing compliance with its standards, or where federal or state statute prevents deeming.

BROAD STRATEGIES

In collaboration with stakeholders,

- Determine the feasibility and appropriateness of developing a core set of standards and modularized sets of specialized standards;
- Develop a process for streamlining surveys;
- Determine the feasibility and appropriateness of deeming accredited or federally certified providers in compliance with state standards;
- Develop a process of implementing deeming; and
- Review state licensing standards against federal certification standards; where state standards add value, they should be kept; where the additional standards are different but add no significant value, state statutes or rules should be amended to delete the requirement.

COST SAVINGS

In the short-term, the Department will need to invest existing resources in developing its strategies for modularizing and deeming, so there will be no cost savings.

In the long-term, however, where streamlined surveys or deeming are appropriate and feasible, minimizing unnecessarily duplicative accreditation, certification, and licensing

functions has the potential for significant cost-savings to the system.

The State may lose some portion of its federal funding for certification if it relies on federal certification as a substitute for its own licensing function.

IMPACT ON ACCOUNTABILITY

Where the accrediting organization's or the federal government's standards and process are appropriately rigorous and comparable to state standards, there should be no negative impact on accountability.

When necessary, state-specific standards and safeguards can be put in place to ensure that providers continue to focus on state priorities.

In some cases, where the federal government and/or the accrediting body have more resources to focus on quality improvement and best practices, the impact may be positive.

STREAMLINE THE LICENSING PROCESS WORK PLAN

RECOMMENDATION

Where appropriate and feasible, the Department should streamline the licensing process by coordinating licensing standards across the Department, and by deeming a provider in compliance with state licensing requirements when the provider is in compliance with comparable standards applied by a nationally recognized and state approved accrediting body or by the federal government.

STRATEGIES (WHAT) MACRO	Prioritize categories of providers for potential deeming
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none">Convene stakeholder group.Identify categories of licensed providers also subject to accreditation or federal certification.Prioritize based on number of providers expected to benefit from deeming, expected comparability of standards and the accrediting body's reputation for rigor.Develop three-year timeline for addressing each category of licensed provider, coordinated with other licensing reviews.
DEADLINE (WHEN)	<ul style="list-style-type: none">Items (a) and (b) January 2006Item (c) January - March 2006
WHO LEADS	Division of Licensing and Regulatory Services

STRATEGIES (WHAT) MACRO	For each category of provider determine appropriateness and feasibility of deeming; Where determined feasible and appropriate, design and implement process for deeming; recommend needed statutory changes.
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ACTIVITIES (HOW)
MICRO

- a. Convene stakeholder group.
- b. Evaluate comparability of standards.
- c. Develop criteria for assessing rigor of accreditation or federal certification body; assess rigor of accreditation body.
- d. Identify statutory constraints on deeming.
- e. Determine feasibility and appropriateness of deeming.
- f. Crosswalk comparable standards.
- g. Identify gaps between state standards and accreditation or federal standards;
- h. Develop strategy for addressing state-specific requirements or seeking statutory changes, if necessary and appropriate.
- i. Crosswalk accreditation or certification process and frequency with state requirements.

DEADLINE (WHEN)

March 2006 - March 2009

WHO LEADS

Division of Licensing and Regulatory Services; Stakeholder Groups

STRATEGIES (WHAT)
MACRO

For each category of provider determine appropriateness and feasibility of deeming; Where determined feasible and appropriate, design and implement process for deeming; recommend needed statutory changes.

ACTIVITIES (HOW)
MICRO

- a. Develop strategy for streamlining state-specific survey modules with accreditation or certification survey;
- b. Seek statutory changes, if necessary and appropriate.

DEADLINE (WHEN)

March 2009

WHO LEADS

Division of Licensing and Regulatory Services

STRATEGIES (WHAT) MACRO	Prioritize overlapping licensing standards.
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Convene stakeholder group. Identify groupings of overlapping licensing standards. Prioritize based on likelihood of success (e.g., those governed by state statute before those governed by federal statute) and biggest impact (e.g., the number of providers impacted). Define three year timeline for addressing each set of rules, coordinated with other licensing reviews.
DEADLINE (WHEN)	<ul style="list-style-type: none"> Items (a) and (b) January 2006 Item (c) January - March 2006 Item (d) May 2006
WHO LEADS	Division of Licensing and Regulatory Services; Stakeholder Group
STRATEGIES (WHAT) MACRO	For each set of overlapping standards develop strategy for a modularized licensing approach
ACTIVITIES (HOW) MICRO	<ol style="list-style-type: none"> Review governing statutes and determine degree of flexibility in defining core standards. Where appropriate and feasible define core set of standards and reporting requirements. Where specialized standards are required, define survey and reporting module building upon rather than duplicating core set of standards. Eliminate duplicative standards and documentation requirements. Where applicable, coordinate modularized survey standards and process with deeming to build upon rather than duplicate accreditation and certification.
DEADLINE (WHEN)	June 2006 - June 2009
WHO LEADS	Division of Licensing and Regulatory Services; Stakeholder Group

RECOMMENDATION TO ALLOW GREATER FLEXIBILITY

RECOMMENDATION

Allow Licensing greater flexibility in determining the appropriate scope, frequency and focus for periodic surveys, depending on provider performance.

STATEMENT OF THE BURDEN

Currently, the term of license is statutorily set and Licensing is statutorily required to conduct periodic reviews on a set frequency and of a defined scope. As a result, licensing resources are spread evenly across providers without reference to provider performance.

Resources would be more effectively applied if Licensing had the discretion to extend the review period and limit the scope of review for providers performing well, and focus resources on providers requiring more attention.

BROAD STRATEGIES

In collaboration with stakeholders,

- Define criteria for rewarding high performing providers.
- Define criteria for conducting more careful review of other providers.
- Coordinate and review with federal Medicare and Medicaid certification requirements, when relevant.
- Identify and propose statutory and regulatory changes necessary to permit greater flexibility.

Licensing also needs greater flexibility in

- Adjusting its licensing and survey requirements to the unique circumstances faced by a provider* (refer to examples).

*Examples: Some Mental Health providers reside in facilities in which they have no control over the facility's ability to comply with licensing standards. These providers should not be surveyed based on the facility's compliance or non-compliance with state licensing standards.

Similarly, a licensed agency is sometimes a group of individual practitioners.

The licensing process should reflect the different nature of these types of relationships.

COST SAVINGS

In the short-term, the Department will have to invest existing resources to implement this recommendation. In the long-term, implementation will produce cost-savings for both providers and the Department.

IMPACT ON ACCOUNTABILITY

Implementation of this recommendation will improve quality, health, and safety. Providers will have an incentive to perform well and the Department will have more resources to focus on those providers who do not perform well.

ALLOW GREATER FLEXIBILITY WORK PLAN

RECOMMENDATION

Allow Licensing greater flexibility in determining the appropriate scope, frequency and focus for periodic surveys, depending on provider performance.

STRATEGIES (WHAT) MACRO

Develop strategy for permitting the Department greater flexibility in determining the appropriate scope, frequency and focus for periodic surveys, depending on provider performance.

ACTIVITIES (HOW) MICRO

- a. Convene stakeholder group
- b. Review literature and licensing practices in other states or federal programs to identify potential criteria for extending frequency of review and narrowing the scope of review.
- c. Identify criteria for extending term of license or conducting more careful review of a provider.
- d. Identify criteria for adjusting survey to reflect unusual circumstances faced by provider.
- e. Identify and propose needed statutory and regulatory changes to permit greater flexibility and implement changes.

DEADLINE (WHEN)

- Item (a) January 2007
- Item (b) January 2007 - March 2007
- Item (c) April 2007 - June 2007
- Item (d) July 2007 - October 2007
- Item (e) October 2007 - October 2008

WHO LEADS

Division of Licensing and Regulatory Services; Stakeholder Group

RECOMMENDATION TO IMPROVE LICENSING RESPONSIBILITIES

RECOMMENDATION

DHHS leadership should champion the implementation of recommendations to streamline and create consistency and expand DHHS capacity to fulfill its licensing responsibilities.

STATEMENT OF THE BURDEN

DHHS has too few staff and resources to license the current number of providers. Inadequate resources limit the ability of the Department to assure quality, health, and safety and keep up with best practices. DHHS staff shortages mean delays in licensing, which can mean delayed reimbursement.

In addition, DHHS staff does not have the resources necessary to invest in streamlining and coordinating functions to minimize the burden licensing imposes on providers. In fact, while implementation of some of the recommendations made here will eventually reduce the burden on DHHS staff, there is some concern that the Department does not have sufficient resources to devote to implementing these recommendations.

In addition to staff shortages, the Department needs to invest in its capacity to develop electronic media for certain licensing functions and support web-based Frequently Asked Questions and other resources for providers and the public.

BROAD STRATEGIES

- Invest upfront in implementing recommendations to streamline.
- Identify and reinvest cost savings to expand DHHS capacity to fulfill its licensing responsibilities.

Priorities should include:

- Ensuring adequate staffing for conducting surveys and for streamlining and coordination across licensing functions;

- Updating standards;
- Providing technical assistance to keep up with best practices;
- Developing the capacity to conduct certain licensing functions through electronic media;
- Developing web-based tools to keep providers and others informed about policy changes.

COST SAVINGS

The Department will reap some cost savings because timely licensing and certification means no loss of federal reimbursement due to non-licensure and/or lapsed licensure. In the long-term, investing in staff capacity to streamline licensing functions should result in a payoff of reduced cost to providers and the Department.

IMPACT ON ACCOUNTABILITY

Quality, health, and safety will be enhanced when Department staff has the necessary resources to fulfill their responsibilities.

IMPROVE LICENSING RESPONSIBILITIES WORK PLAN

RECOMMENDATION

Expand DHHS capacity to fulfill its licensing responsibilities.

STRATEGIES (WHAT) MACRO	Champion implementation of recommendations.
ACTIVITIES (HOW) MICRO	Send affirmative message to staff and make staff time available to participate.
DEADLINE (WHEN)	January 2006 - December 2011
WHO LEADS	DHHS Commissioner Deputy Commissioners

STRATEGIES (WHAT) MACRO	Invest up front in Department capacity to implement recommendations.
ACTIVITIES (HOW) MICRO	Ensure adequate staffing and resources to devote to participating in stakeholder processes, analyzing regulations, developing training, etc.
DEADLINE (WHEN)	January 2006
WHO LEADS	DHHS Commissioner Deputy Commissioners

STRATEGIES (WHAT) MACRO	Identify and reinvest cost savings to expand the Department capacity to fulfill its responsibilities.
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ACTIVITIES (HOW)
MICRO

- a. Ensure adequate staffing for conducting surveys, maintaining streamlined and coordinated licensing functions, and updating standards to keep up with best practices;
- b. Develop capacity to conduct certain licensing functions through electronic media; and
- c. Develop web-based tools to keep providers and others informed about policy changes.

DEADLINE (WHEN)

Ongoing

WHO LEADS

DHHS Commissioner
Deputy Commissioners

APOC CROSS-CUTTING RECOMMENDATIONS

In addition to the recommendations provided by each of the Work Groups, the APOC itself developed recommendations that cut across all administrative functions. Work plans and time lines will be developed as part of the ongoing charge to the APOC.

1. Develop a consolidated web site with links for communicating key information on contracting, licensing and auditing, including:
 - Links to latest version of rules, policies and procedures.
 - Notification of policy updates for contracting, auditing, and licensing
 - Organizational charts and phone lists for key DHHS contacts
 - FAQs that have responses endorsed (signed-off by) all three units
 - Over time, expand web site to include additional functionality, such as automating contract and auditing forms and reporting.
 - A position identified for keeping the content of the web updated
2. When training is delivered to providers, include representatives from all three DHHS Units (contracting, licensing and auditing) in developing and presenting the training.
3. Create a culture of integration/communication across all DHHS administrative functions:
 - Regularly scheduled cross-training for DHHS staff within the three units; include program staff as appropriate
 - Improve communication protocols and tools: create clear mandates on who answers what questions, develop communication protocols; create phone directories to forward provider calls to the appropriate staff.
 - Use of regularly scheduled mid-managers forums to discuss administrative processes and consistency.
4. Provide temporary staffing to continue the work of the APOC, including:
 - Staffing to assist in the implementation of the recommendations of each of the three work groups;
 - Staffing to continue the APOC to provide accountability/oversight to the achievement of all objectives and time lines.

APPENDICES

ADMINISTRATIVE PROCESSES OVERSIGHT

COMMITTEE MEMBERSHIP

MEMBER	REPRESENTING
Geoff Green, Co-Chair	Department of Health and Human Services
Dawn Stiles, Co-Chair	Spurwink
Paul Dann	NFI North, Inc.
Lou Dorogi	DHHS, Office of Medical Services
Herb Downs	DHHS, Office of Audit
Matthew Halloran	DHHS, Office of Audit
Marie Hodgdon	DHHS, Purchased Services
Nancy Irving	Spurwink
Peter Mauro	DHHS, Licensing
Jack Mazzotti	Harbor Schools of Maine, Inc.
Kitty Purington	Maine Association for Mental Health Services
Sue Ebersten, Staff	Muskie School of Public Service
Eileen Griffin, Staff	Muskie School of Public Service
Larry Ullian, Staff	Muskie School of Public Service

SCHEDULED MEETINGS FOR APOC

September 28, 2005 from 9:00 - 11:00 a.m.

October 21, 2005 from 9:00 - 11:00 a.m.

November 16, 2005 from 9:00 - 11:00 a.m.

December 16, 2005 from 9:00 - 11:00 a.m.

All meetings will be held at the DHHS Central Office,
Main Conference Room,
221 State Street
Augusta, ME

APOC COMMITTEE MEETING MINUTES

Administrative Processes Oversight Committee
Initial Meeting
August 11, 2005

PRESENT:

DHHS

Geoff Green, Deputy Commissioner, Operations and Support
Marie Hodgdon, Director, Purchased Services
Herb Downs, Director, Office of Audit, MaineCare and Social Services
Lou Dorogi, Medical Facilities Licensing and Certification
Peter Mauro, Community Services Programs Licensing and Certification

MUSKIE

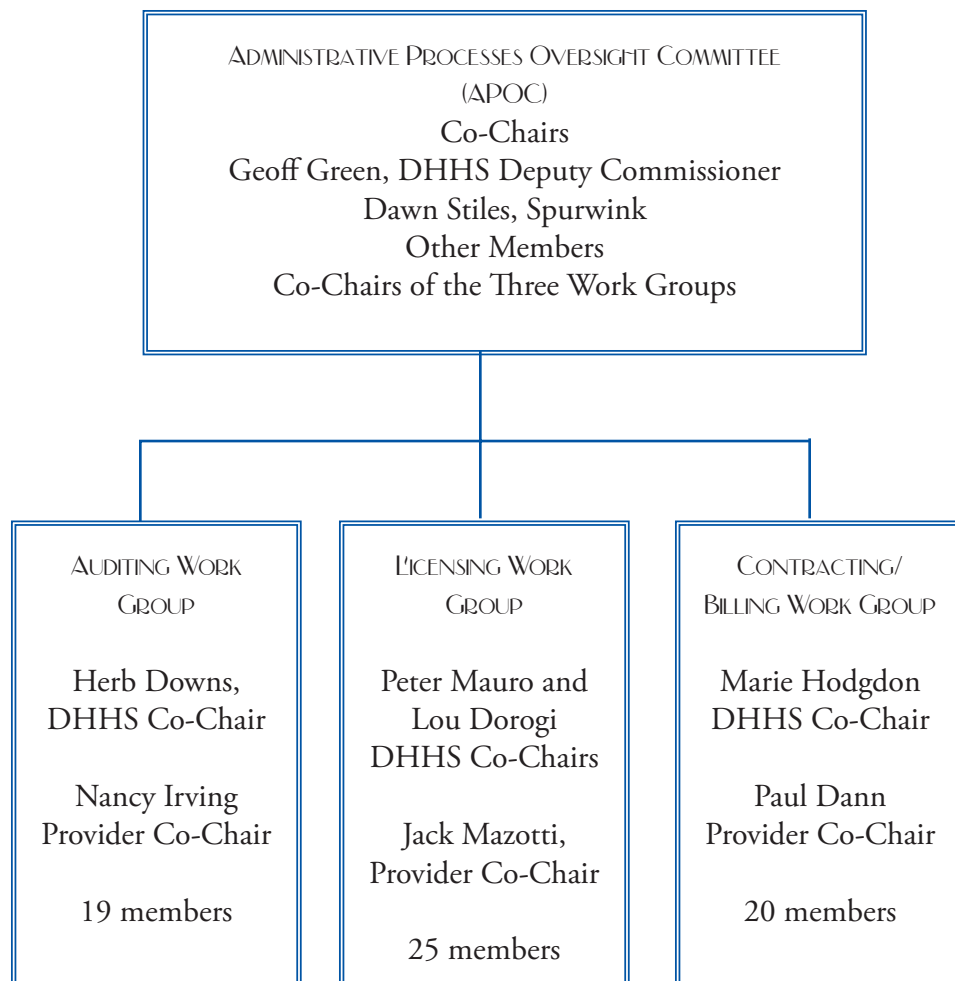
Leslie Rozeff, Institute for Public Sector Innovation
Eileen Griffin, Institute for Health Policy
Sue Ebersten, Institute for Public Sector Innovation

INTRODUCTION/PURPOSE:

Geoff Green provided an update on DHHS activities related to the Legislative Mandate under PL 2005 Ch 12 Part NN. In keeping with that mandate, the Department will convene representative work groups for the “purpose of achieving reductions in regulatory and administrative burdens” in the areas of audit, licensing, billing and contracting. Their work will form the foundation of a report by DHHS to the Legislature in January 2006.

PROPOSED STRUCTURE:

It was agreed that the structure for accomplishing this work will include an oversight committee (Geoff, Marie, Herb, Lou, Peter and Liz Hanley) and 3 work groups: Auditing, Licensing and Contracting/Billing. Each work group will be co-chaired by a member of the Oversight Committee plus a provider representative. Work Groups will make recommendations to the Oversight Committee who will be responsible for submitting the final report to the Commissioner. Muskie will staff the Oversight Committee and the 3 work groups.



WORK GROUP FORMATION:

Work groups will include DHHS staff as well as providers, consumers, advocates and others where appropriate. Chairs will contact providers and provide recommendations for work group membership at the next APOC meeting.

Charge to work groups: Members of the APOC briefly discussed the areas of potential prioritization for each of the content areas represented (licensing, auditing and contracting). Although each work group will finalize their own recommended “charge” at their initial meetings, (for review and approval of the APOC), there are certain common principles that should guide the work of all groups. A discussion of common principles identified the following to be considered in all groups:

- Groups will review and assess both the rules/regulations that guide actions and the business processes used to implement those rules.

- They will begin by identifying problem areas from the DHHS and provider perspectives, and will then prioritize areas for recommendations and action.
- Reducing administrative burdens and creating cost savings will be the primary drivers for actions.
- Recommendations will be designed to make the system more “user friendly” (i.e., eliminate duplication, streamline rules and processes, etc.) while still maintaining appropriate levels of accountability.

RESOURCES:

The Committee will review the findings of the Unification Council and the recommendations of the CIAT to ensure that the work of the APOC is aligned with work that has already been done.

ACTIONS:

- The next meeting of the APOC will be August 31st at 11:00 in the Commissioner’s Conference Room.
- Each APOC work group chair will bring to the next meeting the suggested membership of their work group.
- Muskie staff will disseminate to the APOC:
 - A guide to selecting work group members
 - Selected recommendations from the CIAT
 - A link to the Unification Council Report
- Muskie will draft guiding principles for work groups, (consistent with the guiding principles of the CIAT report) for review at next meeting.

Administrative Process Oversight Committee
Date: August 31, 2005
Location: Commissioner's Conference Room
Minutes

PRESENT:

From DHHS: Marie Hodgdon, Herb Downs, Matt Halloran, Lou Dorogi, Peter Mauro;
from Muskie: Eileen Griffin, Danny Wescott, Leslie Rozeff, Sue Ebersten, Larry Ullian

ABSENT:

Geoff Green; Cheryl Ring

ITEM:

Relationship of APOC to other DHHS administrative initiatives currently underway.

DISCUSSION:

- Marie shared a copy of the draft recommendations of the Rate Setting Advisory Group. The draft may be of interest to the APOC work groups since it includes recommendations about not only rate setting, but also contracting, licensing and auditing; work groups may review the recommendations as appropriate.
- Sue reported on a conversation with Kate Carnes of the LEAN Team. Although the team is not working on any specific processes relevant to APOC at the moment, Kate offered to work with the APOC if requested. Kate and the team can offer “process analysis” for existing business processes as well as facilitating discussions for applying LEAN principles to improve those processes.
- The importance of assuring that the APOC remains coordinated with all similar DHHS administrative initiatives was agreed.

ACTION:

- APOC work groups will review recommendations of the Rate Setting Group as appropriate. Who is responsible? APOC Co-Chairs. Due date: On-going
- APOC will coordinate with the LEAN team as needed. Who is responsible? APOC. Due date: On-going
- APOC will serve as a “clearinghouse” to share information on related DHHS initiatives as needed. Who is responsible? APOC. Due date: On-going.

ITEM:

Relationship of APOC to all stakeholder comments collected to date

DISCUSSION:

- Eileen compiled into one document a summary of all of the comments and recommendations relevant to contracting, billing, auditing and licensing from the:
 - Governor's Restructuring Council
 - CIAT
 - Rate Setting Advisory Group
- As written this document cuts across all three work groups; a second version will be created for each work group focused specifically on the comments relevant to that group; this will serve as a resource for Work Groups as they begin discussing their charge and prioritizing areas they want to address.
- Using these documents in the work group process promotes continuity in DHHS initiatives.

ACTION:

- Muskie will reformat the compiled summary into comments by work group Who is responsible? Muskie School. Due date: 9/9/2005.

ITEM:

Roles and Responsibilities

DISCUSSION:

- Muskie will staff APOC work groups as follows:
 - Licensing: Eileen Griffin and Sue Donar
 - Auditing: Larry Ullian and Danny Wescott
 - Contracting/Billing: Sue Ebersten and Leslie Rozeff
- The staffing function includes: meeting scheduling and logistics; working with Co-Chairs to develop agendas; documentation of meetings; facilitation; dissemination of minutes; research and support; drafting recommendations, reports and other documents as needed.
- APOC members will serve as work group Co-Chairs, sharing that responsibility with a provider Co-Chair. APOC members will select their Co-Chairs.
- Co-Chairs will lead meetings, set agendas, report on work group progress at APOC meetings, assure that work group direction is consistent with DHHS goals, etc.

ACTION:

- A Co-Chair from the provider community will be selected for each work group. Who is responsible? APOC Work Group Co-Chairs. Due date: 9/12/05.

ITEM:

“Charge” to work groups

DISCUSSION:

- Global charge: a copy of the draft Guiding Principles for the APOC effort was approved; within those guidelines, It was agreed that each group will:
 - Review/assess existing rules and processes
 - Identify those areas where unnecessary administrative burdens and costs are evident
 - Prioritize areas to be addressed under APOC processo Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability
 - Include a broad work plan and timelines
- Work Group Specific Charge: drafts of a specific charge for each work group will be developed in consultation between the APOC chairs and the Muskie staff; Muskie will circulate drafts to all APOC members; drafts will be reviewed at the first meeting of each work group and finalized at the next APOC meeting.

ACTION:

- Muskie staff will work with each WG chair to draft group charge. Who is responsible? APOC Co-Chairs and Muskie staff. Due date: 9/12/2005.
- Muskie staff will circulate drafts to all APOC members. Who is responsible? Muskie staff. Due date: 9/15/05.

ITEM:

Selection of Work Group Membership.

DISCUSSION:

- Co-chairs shared the list of work group members compiled to date. Work groups will include representation from providers, provider coalitions and DHHS program staff. Consumers will be added when appropriate
- Letters will be sent by the Commissioner’s Office to all members thanking them for their time and welcoming them to the process.

ACTION:

- Final work group lists will be emailed by APOC chairs to Sue Ebersten. Who is responsible? APOC Co-Chairs. Due date: 9/12/2005.
- Muskie will draft a letter for Goeff's signature. Who is responsible? Muskie staff. Due date: 9/12/05

ITEM:

Work Group Meeting Schedules

DISCUSSION:

- The report to the Legislature on the work of the APOC is due in January 2006. Drafts from all of the work groups will be due the first week in December. This gives work groups approximately 3 months to compile recommendations.
- Estimated meeting schedule for work groups is twice a month; more meetings may be necessary as the deadline approaches.
- Meetings should begin as soon as possible in September. Muskie staff will meet with APOC chairs to establish a meeting schedule and to draft the agenda for the first meeting.

ACTION:

- Work groups will begin meeting ASAP. Who is responsible? APOC Co-Chairs. Due date: 9/15/2005.
- Meeting schedules established. Who is responsible? APOC and Muskie. Due date: 9/15/05.

ITEM:

Product formats

DISCUSSION:

- All work groups will use the same format for minutes.
- A template/format will be developed by the APOC for final reports and recommendations of all work groups. Muskie will provide drafts for review and comment; a final version will be agreed upon by the APOC.

ACTION:

- Muskie will bring a draft format for work group recommendations to the next meeting. Who is responsible? Muskie. Due date: 9/28/2005.

ITEM:

APOC meeting schedule

DISCUSSION:

- APOC will meet once per month, with the possibility of more meetings as the deadline nears. Meeting schedule is:
 - September 28th from 9:00-11:00
 - October 21st from 9:00-11:00
 - November 16th from 9:00-11:00
 - December 16th from 9:00-11:00
- Communications between meetings will be via email with all members cc'ed

ACTION:

- All meetings will be held in the main conference room at DHHS, 221 State Street

Administrative Process Oversight Committee
Date: September 28, 2005
Location: Commissioner's Conference Room
Minutes

PRESENT:

From DHHS: Geoff Green, Marie Hodgdon, Herb Downs, Matt Halloran, Lou Dorogi, Peter Mauro; From the provider community: Dawn Stiles; from Muskie: Eileen Griffin, Danny Wescott, Leslie Rozeff, Sue Ebersten, Larry Ullian, Interns- Emily Hoberg and Brenna Haviland

ITEM:

Role of Muskie Students

DISCUSSION:

- Will attend some of the workgroup meetings
- Research what other states have done around these areas including literature reviews
- Geoff requested information on what other states have done regarding licensing and rate setting. Maine is moving to value-based rates and would like comparisons with other states.

ACTION:

Will contact other states for information. Who is responsible? Muskie students. Due date: 11/01/05.

ITEM:

Reports from each workgroup

DISCUSSION:

- Audit
First meeting to be held 9/29. There are 21 members. No co-chair has been selected at this point but will be soon. Meetings are scheduled for 2 times per month through December. Herb has received requests for additional people to join. Kitty Purington, representing Maine Association Mental Health Services, has requested workgroup minutes from all workgroups.
- Contracting

Paul Dann is the co-chair. First meeting will be held today. There is good provider representation but heavy on the mental health end. If others express an interest in joining, they will be considered guests. Geoff clarified that the contracting workgroup would be focusing on policy issues while Becky Green, HR, will be working with Purchase Services staff on utilizing LEAN principles regarding internal processing and streamlining of agreements. Becky is scheduled to meet with the team for 2 days in November.

- Licensing
First meeting held 9/14. second meeting to be held today. There are 25 members representing a broad spectrum of providers and regulatory staff. Jack Mazotti is the co-chair representing the Maine Assoc of Group Home Providers. The group has identified the major areas of focus and prioritized their work.

In a report to the Compliance Committee, Geoff stated that DHHS would be undertaking a comprehensive review of all rules. This work will be separate from the work of the licensing workgroup which will develop a core/generic set of requirements for all rules including governance issues and personnel policies, etc. Need was identified for additional resources at the time of rule revisions for licensing.

ACTION:

- Membership is closed however the public is welcome as guests.
- Minutes will be emailed to Kitty. Who is responsible? Muskie. Due date: Ongoing
- Priority area and department would allocate necessary resources. Who is responsible? Geoff Green

ITEM:

Discussion of Format and Recommendations

DISCUSSION:

- Draft format was presented as a starting point for discussion.
- Feedback was solicited regarding what the final product might look like. Suggestion was made to change major activities to a specific workplan with timeframes- what to do and how to do it.
- Question was raised about final approval of the recommendations. Geoff clarified that the Commissioner would have the final say.
- Timeframe for report- DHHS informed the Health and Human Services Committee that the report will likely be available in February 2006 rather than January.

ACTION:

- No decisions made regarding modifying or adopting a format. As groups continue to meet and identify strategies, APOC will have a better sense of report format. Who is responsible? APOC. Due date: Ongoing
- APOC will be reviewing recommendations regularly to ensure they are not in conflict with other DHHS policies/plans at the Commissioner's level. APOC will also be reviewing recommendations to ensure consistency and assist with moving workgroups forward with the same level of detail. Who is responsible? APOC Members. Due date: Ongoing

ITEM:

Membership

DISCUSSION:

- APOC members will serve as work group Co-Chairs, sharing that responsibility with a provider Co-Chair. APOC members will select their Co-Chairs.
- Proposal made and accepted that provider co-chairs will attend the APOC monthly meetings

ACTION:

- A Co-Chair from the provider community will be selected for each work group and invited to APOC meetings. Who is responsible? APOC Work Group Co-Chairs. Due date: 10-1-05

ITEM:

Oversight Role of APOC

DISCUSSION:

- What does oversight mean?
 1. Consistency between workgroups
 2. Assistance to workgroups if they become stuck or encounter barriers
 3. Provision of necessary resources for each workgroup
 4. Oversight of final recommendations submitted by each workgroup
- This initiative comes from the Department rather than being imposed.

ACTION:

APOC will provide regular oversight to all workgroups. Who is responsible? APOC.
Due date: Ongoing.

ITEM:

APOC meeting schedule

DISCUSSION:

- APOC will meet once per month, with the possibility of more meetings as the deadline nears. Meeting schedule is:
 - October 21st from 9:00-11:00
 - November 16th from 9:00-11:00
 - December 16th from 9:00-11:00
- Communications between meetings will be via email with all members cc'd

ACTION:

ALL MEETINGS WILL BE HELD IN THE MAIN CONFERENCE ROOM AT
DHHS, 221 State Street

Administrative Process Oversight Committee

Date: October 21, 2005

Location: Main Conference Room

Minutes

PRESENT:

From DHHS: Geoff Green, Peter Mauro, Matt Halloran, Lou Dorogi, Marie Hodgdon, and Herb Downs; From the Provider Community: Dawn Stiles, Jack Mazzotti, Paul Dann; Nancy Irving. From Muskie: Eileen Griffin, Danny Wescott, Larry Ullian, Sue Ebersten, and Sue Donar; Interns: Emily Hoberg and Brenna Haviland (USM Student).

ABSENT:

Leslie Rozeff

ITEM:

Progress of Work Groups

DISCUSSION:

1. Auditing

- Meetings are going quite well. Identified six (6) overall burdens with sub-burdens. Major areas:
 - Regulations/MAAP
 - IAP Audit vs. Office of Audit
 - Timing
- This is viewed as an on-going process that will continue after the January legislative report is completed
- For instance, as MAAP Rules/Regulations are rewritten a new list of burdens will probably emerge. This is an iterative process. Will need to be clear about what is actually changing as a result of this process, as opposed to what is changing due to improved enforcement of existing policies.
- A lot of additional training will be needed to address the recommendations especially on the MAAP System.

2. Licensing

- Three priorities:
 - Philosophy/Consistency
 - Accreditation/Deeming
 - Frequency of Surveys
- Anticipating a total of four (4) recommendations from this group.
- Although the group will meet the timeline for delivering recommendations for the legislative report in January, the actual process of sorting through licensing rules will take years to complete.
- Work should be done to develop core regulations across all of licensing and then develop consistent, area-specific regulations
- Of the three work groups, licensing faces the largest on-going task.
- Recommendations will include a description of what should happen next as well as timelines, but it is very likely to require additional resources to take the next steps after the recommendation process ends.

3. Contracting

- Focusing on three areas of recommendations:
 - Streamlining
 - Communication
 - Consistency
- All three areas also have implications for both internal and external training.
- The existing work group does not include DHHS staff from the “program” side, where some of the inconsistencies occur (particularly in the Rider A’s of Adult, MH, Children’s MH, and MR programs). To be sure the recommendations also look at inconsistencies at that level, a separate “forum” will be scheduled with regional contract staff.
- Not sure if these recommendations will address cost savings as much as they will address best practices.
- Need to reduce redundancy, such as listing all the rules in each contract.

ACTION:

- Contracting Work Group will meet the assigned timeframe. Who’s responsible?
Contracting Work Group. Due date: December

- Will add a one-meeting forum to discuss program-side inconsistencies. Who's responsible? Muskie staff. Due date: November

ITEM:

Cross-Cutting Issues

DISCUSSION:

- In addition to burdens that occur in each individual administrative area (auditing, licensing, contracting), providers also express frustration with a lack of integration between the three areas.
- To complete this process by looking only at the burdens in each separate sphere (i.e., via three separate work groups) is not sufficient to solve the integration issues between the three.
- Auditors, Contractors and Licensing workers need to be consistent in their communication to providers; all three disciplines should work together in developing training to providers; internal communication between the three needs to be improved; etc.
- The best vehicle to address the cross-cutting issues will probably be the APOC itself – so that when the report is submitted, it will include 4 sources of recommendations: Auditing, Licensing, Contracting, and Cross-Cutting.
- At our next meeting we will work on cross-cutting recommendations, which should include consistent messages and improved training to providers.

ACTION:

- Use the APOC's next meeting to identify and prioritize cross-issues and to draft recommendations. Who's responsible? Administrative Process Oversight Committee. Due date: Complete by end of November.

ITEM:

Identifying cost savings

DISCUSSION:

- Geoff reminded the group that each set of recommendations must explore the impact on cost.
- Geoff recommended that costs of the administrative burdens – as well as cost for the recommendations suggested to reduce those burdens -- need to be quantified. Look

for balance between the two, by asking the following questions:

- What is the cost?
- What does it gain us?

ACTION:

- Consider cost benefit as well as cost reduction. Who's responsible? All three work groups

ITEM:

Final Report Format Recommendations

DISCUSSION:

- Feedback from work groups revealed that several categories in the existing draft seem repetitive; there is a need to streamline the final report format.

ACTION:

- Change the format of the draft recommendations form. Who's responsible? Larry and Sue (Muskie). Due date: Draft of new format complete

ITEM:

Feedback

DISCUSSION:

- Geoff asked providers if this process is working. It was the consensus that this process is working –groups appreciate the opportunity to participate and the intentions of the Department to reduce burdens. But it is clear that the existing timeline will only allow time for making recommendations, and that “a nice binder of recommendations” is not enough: there must be commitment to taking the next steps of prioritizing, strategy development and implementation.
- Geoff asked the group, “What needs to be put in place to keep this process going forward?”
- It was agreed that recommendations will include a work plan and timelines in order to hold the on-going process accountable.

ACTION:

- Recommendations from Work Groups will also establish timelines and person(s) responsible for the on-going work. Who's responsible? Administrative Process Oversight Committee

ITEM:

Next Meeting

November 16 from 9:00-11:00

Main Conference Room 221 State Street

Administrative Process Oversight Committee
Date: November 16, 2005
Location: 221 State Street
Minutes

PRESENT:

From DHHS: Herb Downs; Geoff Green; Peter Mauro; Lou Dorogi; Marie Hodgdon;
From the Provider Community: Dawn Stiles; Kathy Irving; Jack Mazzotti; From Muskie:
Leslie Rozeff; Sue Ebersten; Larry Ullian; Emily Hoberg; Brenna Haviland

ABSENT:

Matt Halloran, Paul Dann, Eileen Griffin, Sue Donar, Danny Westcott

ITEM:

Welcome and Agenda

DISCUSSION:

Sue Ebersten welcomed group to meeting. Agenda for meeting reviewed. Geoff Green called for Work Group reports.

ITEM:

Report on Progress of Work Groups: Auditing

DISCUSSION:

Herb Downs discussed the progress of the Auditing Work Group. Recommendations were reviewed and discussed. They have one more recommendation to complete. Herb indicated the need to continue this work beyond the submission of the January report. He would like to use this same work group for advising on the implementation process, citing how valuable the interaction between providers and DHHS staff has been in moving this forward. He also cited the staffing as helpful in getting things done.

ITEM:

Report on Progress of Work Groups: Contracting/Billing

DISCUSSION:

Marie Hodgdon discussed the progress of the Contracting/Billing Work Group. Recommendations were reviewed and discussed. Marie mentioned that many of the items within the recommendations are already being worked on. Group has a meeting on November 18 to continue drafting the recommendations; final meeting is 11/30. Marie had not considered the group continuing to meet after the recommendations are submitted.

ITEM:

Report on Progress of Work Groups: Licensing

DISCUSSION:

Peter Mauro discussed the progress of the Licensing Work Group. Recommendations and work plans were reviewed. Geoff expressed concern about how quickly the group can get to a common philosophy for licensing, feeling that this is an essential first step that should be completed as soon as possible. Geoff will attend the next work group meeting to join in this discussion. Peter mentioned that the Group and affiliated subgroups plan to continue meeting after the submission of this report to work on implementation. The work group will be helpful in this process, but it will also require staffing.

ITEM:

Cross-Cutting Issues

DISCUSSION:

- Larry Ullian led a discussion regarding cross-cutting burdens and recommendations. Flip-chart notes were taken. A first draft of the APOC's recommendations are attached.

ACTIONS:

- Flip-chart notes to be typed and disseminated; please send comments to sue. ebersten@maine.gov. Who is responsible? Muskie. Due date: notes are attached.

ITEM:

Concluding Remarks

DISCUSSION:

Sue Ebersten thanked group for their attendance and work, and requested that anybody who has comments on any of the recommendations disseminated at the meeting please send their comments to her attention. She will share comments with the group.

ITEM:

The next APOC meeting will be: December 16, 9:00-11:00am
DHHS Central Office, Maine Conference Room 221 State Street, Augusta Maine.

AUDIT WORK GROUP CHARGE

- Identify areas where unnecessary administrative burdens and costs are evident
- Prioritize areas to be addressed under Audit process
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability
- Include a broad work plan and timelines

AUDIT WORK GROUP MEMBERSHIP

MEMBER	REPRESENTING
Herb Downs, Co-Chair	DHHS, Office of Audit
Nancy Irving, Co-Chair	Spurwink
Pam Allen	SeniorPlus
Steve Baird	DHHS, Office of Audit
Deb Bragdon	Baker Newman Noyes
Michael Caron	Catholic Charities of Maine
Don Gaudet	Runyon Kersteen Ouellette
Ginny Gentile	Youth Alternatives
Tracy Harding	Berry, Dunn, McNeil & Parker
Marie Hodgdon	DHHS, Division of Purchased Services
Matthew Halloran	DHHS, Office of Audit
Samantha Jones	DHHS, Division of Community Resources Services
Tammy Michaud	Berry, Dunn, McNeil & Parker
Peter Montano	MacDonald Page, LLC
Wanda Pelkey	First Atlantic Healthcare
Michael Provencher	Motivational Services
Connie Sandstrom	Aroostook County Action Program
David Surette	DHHS, Division of Audit
Kathy Tyson	Runyon Kersteen Ouellette
Elizabeth Ward Saxl	Maine Coalition Against Sexual Assault
David Winslow	Maine Hospital Association
Larry Ullian, Staff	Muskie School of Public Service

AUDIT WORK GROUP SCHEDULE OF MEETINGS

September 29, 2005

9:00 a.m.-11:00 a.m.

Conference Room 1-A

October 12, 2005

9:00 a.m.-11:00 a.m.

Learning Center

October 26, 2005

9:00 a.m.-11:00 a.m.

Learning Center

November 9, 2005

9:00 a.m.-11:00 a.m.

Conference Room 1-A

November 23, 2005

9:00 a.m.-11:00 a.m.

Conference Room 1-A

December 7, 2005

9:00 a.m.-11:00 a.m.

Learning Center

All meetings are at DHHS

442 Civic Center Drive

Augusta, ME

Audit Work Group Meeting Minutes

Administrative Process: Auditing

Date: September 29, 2005

Location: 442 CCD

Minutes

PRESENT:

Herbert Downs, Co-Chair; Nancy Irving; Co-Chair; Michael Provencher, Connie Sandstrom, Peter Montano, Samantha Jones, Marie Hodgdon, Pam Allen, Kathy Tyson, Michael Caron, Tracy Harding, Wanda Pelkey, David Surette, Matthew Halloran, Steve Baird, Deb Bragdon, Elizabeth Ward Saxl, Ginny Gentile, Danny Westcott, Larry Ullian.

ABSENT:

David Winslow, Richard Erb

ITEM:

Welcome and Introductions

Discussion:

Herb Downs welcomed Audit Work Group members and invited them to introduce themselves. Nancy Irving of Spurwink, volunteered to be Herb's Co-chair.

ITEM:

Background

DISCUSSION:

Herb reviewed Part NN, the legislation governing this Work Group's activities. The legislation requires DHHS to review ways to reduce administrative burdens on providers resulting from auditing, licensing, and contracting. Herb explained that an Administrative Processes Oversight Committee (APOC) was formed to coordinate the activities of these work groups. Finally, Herb reviewed the charge for the Audit Work Group, and proposed meeting dates for October through December.

Charge:

- Identify areas where unnecessary administrative burdens and costs are evident ·
Prioritize areas to be addressed under audit process

- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability
- Include a broad work plan and timelinesProposed meeting dates:
 - October 12 from 9 – 11:30 in the Learning Center
 - October 26 from 9 – 11:30 in the Learning Center
 - November 9 from 9 – noon in Conference Room 1-A
 - November 23 from 9 – noon in Conference Room 1-A
 - December 7 from 9 – 11:30 in the Learning Center

ITEM:

Ground rules

DISCUSSION:

Larry Ullian reviewed a set of ground rules to govern the Work Group's activities.

ITEM:

- Composition of Work Group
- Overview of Office of Audit (OA) MAAP Audit status

DISCUSSION:

Herb Downs explained that the Office of Audit's auditing responsibilities fall into 2 categories: Social Service audits subject to Maine Uniform Accounting and Auditing Practices (MAAP) statute and rules; and Medicaid audits. Because people seem more concerned about the administrative burdens imposed by MAAP audit rules and processes, the composition of the Audit Work Group is weighted more toward participation by Social Service providers and IPAs conducting such audits.

Matt Halloran distributed to the work group the MAAP statute (Chapter 148-C) and two 2004 MAAP audit status reports sorted by state dollars and federal dollars, then summarized the results:

- 194 agencies for a total of \$21m are subject to MAAP Tier 1 audit procedures (for contracts \$25k to < \$300k) requiring "compilation";
- 131 agencies for a total of \$242m are subject to MAAP Tier 2 audit procedures (for contracts > \$300k) requiring financial and compliance audits;
- 54 agencies for a total of \$28m are exempt (DHHS financial reports only); and
- 40 agencies (36 Tier 2, 4 Exempt) with federal pass-through funds are subject to A-133 rules.

To summarize, Herb reported that OA is responsible for auditing agencies having contract totals over \$ 1 billion (636 Medicaid agencies with approx. \$900 M in contracts, 379 Social Service agencies with approx. \$300 M).

ITEM:

- Identifying burdens
- Criteria used for ranking 5 biggest burdens

DISCUSSION:

Larry invited the Work Group to identify administrative burdens imposed by auditing. Using the Nominal Group Technique (NGT), a method used with groups to generate ideas and select priorities for consideration, the Work Group created a list of 46 burdens/ solutions (see attachment # 1). After reviewing the list for clarity and grouping similar ideas, the Work Group discussed criteria for ranking the 5 biggest burdens. The criteria are:

- Burden for agency and state
- Cost v. benefit
- Recommendations are feasible to accomplish
- Potential for generating savings
- Solutions maintain accountability and integrity of process

ITEM:

Voting Process

DISCUSSION:

As time had run out for polling, the Work Group suggested that votes be cast using email. Muskie staff agreed to reorganize flip chart notes into categories and send the categorized list to the Work Group for voting before the next meeting.

ACTION:

Reorganize flip chart notes; send notes to members for voting by Oct 7. Who's responsible? Larry and Danny. Due date: October 5, 2005.

ITEM:

Voting Results

DISCUSSION:

Results from 11 votes cast by Friday, Oct 7 place items 2, 3, 1, 14 and 4 as top five ranked most important to least important (see attachment #2).

Administrative Process: Audit
Date: October 12, 2005
Location: 442 Civic Center Drive, Augusta
Minutes

PRESENT:

Co-Chairs Herb Downs and Nancy Irving, Michael Provencher, Connie Sandstrom, Peter Montano, Marie Hodgdon, Pam Allen, Don Gaudet, Michael Caron, Tammy Michaud, David Surette, Matthew Halloran, Steve Baird, Deb Bragdon, Elizabeth Ward Saxl, Ginny Gentile, Danny Westcott, Larry Ullian.

ABSENT:

David Winslow, Richard Erb, Samantha Jones, Wanda Pelkey

ITEM:

Welcome

DISCUSSION:

Herb Downs welcomed the Audit Work Group and reviewed the Work Group's charge.

ITEM:

Voting results

DISCUSSION:

Larry Ullian briefly discussed the results of votes cast by the Work Group, noting that items grouped 1 to 3 garnered the most total points. These items include: burdens associated with the MAAP statute and rules and their inconsistencies with A-133 requirements; OA's examination process; and lack of clarity of expectations in contracts.

ITEM:

Framework for identifying opportunities

DISCUSSION:

The Work Group reviewed Ginny Gentile's groupings of "burdens" and agreed that they correspond to the ideas discussed at the last meeting and provide a good framework for going forward. The 6 core areas are:

1. MAAP rules
2. Contract challenges
3. IPA Audit differences from OA Audit
4. Timing of audits
5. State inefficiencies
6. Regulatory issues

ACTION:

Adopt Ginny's framework. Who's responsible? Work Group. Due date: Oct 12

ITEM:

Prioritizing the six core areas

DISCUSSION:

Herb suggested, and the Work Group concurred, to begin by focusing on core areas that are within the scope of the Group, with expected dates of completion in the short to mid-range. Addressing MAAP will take longer. Herb explained that everyone affected by MAAP (auditors, agencies, and the State) recognizes the need to rewrite the rules. That will be a key recommendation for future consideration and action.

ACTION:

- Address first: differences in IPA and OA audits (#3); timing of audits (#4); Who is responsible? Work group. Due date: Nov 9
- Refer contract challenges (#2) to the Contracting Work Group. Who is responsible? Matt and Danny

ITEM:

Core area # 3 Differences between IPA Audit and OA Audit

DISCUSSION:

At the last meeting, the Work Group noted key differences in objectives, roles, and audit techniques between IPA auditors and OA auditors that result in increased costs and time for everyone involved. Using an action planning approach, Larry guided the group through a series of questions intended to clarify the issues, prepare goal statements, generate an activities list, and lay out a timeline for proposed solutions (see attached “Results of Action Planning: Differences between IPA Audit and OA Audit”).

The goal statements that resulted from this activity are:

- Eliminate unnecessary duplication of audit practices across IPA and OA audits;
- Clarify for IPA, OA’s expectations and concerns regarding questionable audit practices.

The list of activities resulting from the discussion include:

- Convene task group (e.g., develop charge, appoint chair, establish schedule, assign responsibilities, choose members);
- Review audit practices, identify possible areas of duplication;
- Design, deliver, and evaluate ways for OA to better share information with IPA (e.g., training and technical assistance) that would help reduce unnecessary inconsistencies.

The results expected from these activities are:

- Make audits and audit findings more timely;
- Decrease burdens on provider accounting staff;
- Decrease cost of appeals process.

ACTION:

- Reorganize flip chart notes, write minutes. Who is responsible? Larry and Danny. Due date: Oct 14
- Propose, for the Work Group’s consideration, a sequence for the list of activities and a timeline for completion of each activity. Who is responsible? Herb and Matt. Due date: Oct 19

Item:

Next Meeting

DISCUSSION:

Next meeting is scheduled for 9:00 am Wednesday, October 26, 442 Civic Center Drive. Agenda includes a review of the sequence of activities and timeline for Core Area # 3, and a discussion of Core Area # 4 “Timing of Audits”

ACTION:

Who is responsible? Work Group. Due date: Oct 26

ITEM:

Remaining Meetings

DISCUSSION:

Remaining meeting are scheduled for:

- Nov 9 from 9-noon, Conf Rm 1-A
- Nov 23 from 9-noon, Conf Rm 1-A
- Dec 7 from 9-11:30, Learning Center

Administrative Process: Audit
Date: October 26, 2005
Location: 442 Civic Center Drive, Augusta
Minutes

PRESENT:

Co-Chairs Herb Downs and Nancy Irving, Michael Provencher, Connie Sandstrom, (ITV), Marie Hodgdon, Pam Allen, Don Gaudet, Tammy Michaud, David Surette, Steve Baird, Deb Bragdon, Elizabeth Ward Saxl, Ginny Gentile, Mike Dunn, Wanda Pelkey, David Winslow, Danny Westcott, Larry Ullian.

ABSENT:

Samantha Jones, Michael Caron, Matt Halloran.

ITEM:

Welcome

ACTION:

Herb Downs welcomed the Audit Work Group and reviewed the Work Group's charge.

ITEM:

Summary of past activities, next steps

DISCUSSION:

Herb summarized the activities leading up to this meeting (e.g., grouping burdens into 6 core areas followed by an action-planning exercise for "OA-IPA Audit differences") and informed the Group that MAAP Statute and MAAP rules will be the principal focus for discussion at the next two meetings.

In discussing what happens after Dec 7th, when the process is expected to conclude with a set of recommendations and associated work plans, Herb acknowledged that not all of the Work Group's priorities will have been addressed, just its top priorities. Upcoming work specific to the recommendations will be undertaken by representative groups going forward.

Before starting the meeting, Herb distributed to the Work Group copies of the template

designed by the APOC Steering Committee for recording recommendations and elements of the work plan.

ITEMS:

- Linking burdens with possible solutions
- Audit differences
- Timing

DISCUSSION:

Herb reviewed the topics for discussion at the meeting (i.e., OA-IPA audit differences, timing of audits) and suggested that the Work Group take time to link burdens identified in the Oct 12 action-planning exercise to specific solutions using a draft worksheet developed for this purpose, then to repeat the exercise for “timing of audits”.

The Work Group concurred and spent the rest of the meeting discussing the topics (see attached notes from meeting).

ACTION:

- Record burdens and possible solutions. Who is responsible? Larry and Danny. Due date: Nov 4
- Share with Work Group. Who is responsible? Larry and Danny. Due date: Nov 4

ITEM:

Next meeting

DISCUSSION:

Next meeting is scheduled for 9:00 am Wednesday, Nov 9, 442 Civic Center Drive. Agenda includes the review of two possible recommendations and strategies for addressing them (Quality Audit and Timing of Audits), followed by a discussion of MAAP-Part I.

ACTION:

Who is responsible? Work Group. Due date: Nov 9

ITEMS:

Remaining Meetings

- Nov 23 from 9-noon, Conf Rm 1-A (MAAP-Part 2)
- Dec 7 from 9-11:30, Learning Center (Wrap-Up)

Administrative Process: Audit
Date: November 9, 2005
Location: 442 Civic Center Drive, Augusta
Minutes

PRESENT:

Co-Chairs Herb Downs and Nancy Irving, Michael Provencher, Connie Sandstrom, Marie Hodgdon, Pam Allen, Tammy Michaud, David Surette, Kathy Tyson, Steve Baird, Elizabeth Ward Saxl, Ginny Gentile, Michael Caron, Peter Montano, Wanda Pelkey, Peter Kowalski, Matt Halloran, Danny Westcott, and Larry Ullian.

ABSENT:

David Winslow , Deb Bragdon

ITEM:

Welcome

Discussion:

Herb Downs welcomed the Audit Work Group and went over the day's agenda:

- Review draft recommendations and work plans for "Quality Audits" and "Timing"
- Begin MAAP-Phase I discussion with review of MAAP statute: Chapter 148-C.

ITEM:

Recommendation # 1: "Ensure quality audits"

DISCUSSION:

Recommendation # 1: Ensure consistent application of standard cost principles, administrative requirements and accurate representation of financial positions across community agencies (CAs). Ensure that MAAP and federal single audits are conducted in accordance with applicable standards. Where appropriate and feasible, eliminate overlap of audit functions and duplication of audits across OA and IPAs.

The Work Group reviewed the recommendation and work plan and made the following comments and suggestions:

- Add the word "procedures" in last sentence of recommendation (i.e., eliminate overlap of audit functions and duplication of audit "procedures" across OA and IPAs).• Strengthen the language under cost savings & accountability to read

“will”, rather than “may” and “are likely”. For example, state:...savings will be realized”.

- Incorporate, under cost savings, the notion that costs will rise initially as the OA, CAs, and IPAs invest time in quality-improvement activities. In time, all parties will realize cost savings.
- Incorporate, in the work plan, the suggestions made at prior meetings (e.g., draft reports, findings not being punitive, periodic OA monitoring).

ACTIONS:

Revise recommendation and work plan. Who is responsible? Danny. Due date: Nov 23

ITEM:

Recommendation # 2: “Timing”

DISCUSSION:

Coordinate or develop uniform reporting requirements for Medicaid and MAAP. Assign one auditor by agency instead of several auditors by funding stream. Streamline the number of required reports and their varying deadlines by reporting on all funding services in one report.

The Work Group reviewed the recommendation and work plan and made the following comments and suggestions:

- Assign audit team to an agency rather than one auditor. Implicit in “audit team” is the assumption that one team member, serving as the “lead” or “point person”, is responsible for coordination and scheduling.
- Add OA staffing requirement to recommendation.
- Under “broad strategies”, suggest that OA create a more coordinated system that helps manage workload so auditors visit CAs just once. Cross-train OA auditors so they are effective members of a team.

ACTION:

Revise recommendation and work plan. Who is responsible? Larry. Due date: Nov 23

ITEM:

MAAP Statute Title 5, Chap 148-C

DISCUSSION:

Matt Halloran summarized the MAAP environment in which OA operates.

- Of the ~350 CAs that report to OA's Social Service section, ~290 are subject to MAAP rules. Although exempt from MAAP, the remainder (~60 CAs with revenues <\$25K) are required to report in alternative formats to the Department and to OA.
- As presently written, the MAAP statute requires Tier 1 agencies (revenues of \$25K to \$300K) to compile entity-wide financial statements and agreement summaries that IPAs review. For Tier 2 (revenues >\$300K), CAs are required to have IPAs prepare and certify financial statement and compliance audits to OA.

After a thorough review and discussion of the statute, the Work Group recommended that the MAAP statute be amended as follows:

- Raise dollar threshold of accountability to federally authorized level (\$500K or applicable limit) for Tier 2 agencies.
- Define dollar threshold to be \$X of "expenditures" (rather than of "funding or revenue") to align with A-133 standards.
- Eliminate, for Tier 1 agencies (<\$500K), the "compilation" requirement. Note: Since OA is obligated to closeout CA agreements, OA does not foresee a loss of accountability. In 2004, OA estimated a cost savings of approx. \$20K per agency, for a total of \$400K if the compilation requirement was eliminated and if CAs do not elect to have audits done for other purposes (e.g. bank loans).
- Allow Tier 1 CAs the option of meeting Tier 2 "Single Audit" requirements rather than entering a risk pool.
- Amend the statute as soon as possible, ideally by 7/1/06.

Note: Discussion of the recommendation to remove 4D, pertaining to health-care facilities, under the section on Definitions was tabled for lack of balanced representation.

ACTION:

Draft recommendation and Work Plan. Who is responsible? Larry and Danny. Due date: Dec 7

ITEM:

Next Meeting

Next meeting is scheduled for 9:00 am Wednesday, Nov 23, 442 Civic Center Drive. Agenda includes review of revisions to Recommendations #1 & #2, and MAAP (Part II)

ITEM:

Remaining Meetings

Remaining meeting is scheduled for Dec 7th, from 9-11:30, Learning Center (Wrap-Up)

Administrative Process: Audit
Date: December 7, 2005
Location: 442 Civic Center Drive, Augusta
Minutes

PRESENT:

Co-Chairs Herb Downs and Nancy Irving, Michael Provencher, Ginny Gentile, Peter Montano, Marie Hodgdon, Don Gaudet, David Surette, Steve Baird, Michael Caron, Peter Kowalski, David Winslow, Wanda Pelkey, Deb Bragdon, Matt Halloran, Danny Westcott, and Larry Ullian.

ABSENT:

Pam Allen, Connie Sandstrom, Elizabeth Ward Saxl, Tammy Michaud

ITEM:

Welcome

DISCUSSION:

Herb Downs welcomed the Audit Work Group and went over the day's agenda: · Review and comment on draft recommendation and work plan for MAAP statute and rules, determine deadlines and responsible parties for specific activities.

- Review recent changes to draft Timing and Quality recommendations and work plans, determine deadlines and responsible parties for specific activities.
- Address parking lot issues.
- Discuss next steps.

ITEM:

Recommendation # 3: MAAP statute and rules

DISCUSSION:

Recommendation # 3: Revise selected sections of the MAAP Statute and Rules to reduce unnecessary inconsistencies in audit standards and practices across state and federal audits and streamline processes so that they (a) are consistent with and complementary to A133 federal audit requirements and (b) reduce burdens to state Office of Audit (OA), Independent Public Accountants (IPAs), and Community Agencies (CAs) while maintaining accountability.

The Work Group reviewed the recommendation and work plan and made these additional comments and suggestions:

- For recommendation page
 - Remove item # 1 in the first sentence of paragraph two under Statement of Burden and replace with the following: (1) Chapter 50 exceptions, which the group recommended eliminating and moving to Contracting, if appropriate.
 - Remove item # 8 referring to “no consequences for non-compliance” in same section.
- For work plan page
 - Add, under Broad Strategies, “MAAP Committee” to describe small working group
 - Revise MAAP Committee composition to include contracting as participant in MAAP Committee.
 - Separate “statute” strategies and activities from “rule” strategies and activities. Add deadlines ranging from Dec 31 to Jun 30, with goal of having Jul 1 as effective date for revised statute and rules.
 - Designate Commissioner as responsible party for convening MAAP Committee in collaboration with OA, and for remaining steps designate OA in collaboration with MAAP Committee.
- For MAAP Summary
 - Under MAAP Statute, revise # 3 to read: “\$2k” rather than \$20K per agency.
 - Under MAAP rules, eliminate # 8 referring to consequence for late reporting.
 - Under MAAP rules, revise # 9 to read: Determine feasibility and advisability of establishing a timetable applicable to “OA for issuance of examination report.”
 - Make language in minutes of Nov 9th and Nov 23rd consistent with these suggestions.
- In addition, the Work Group made the following suggestions:
 - To save time, explore having an outside firm draft the statute and rule changes for review by OA and the MAAP Committee.
 - Investigate further whether the exceptions to MAAP under Chapter 50 should be eliminated from MAAP, whether applicable sections should be added to contracts. Marie will consult with Attorney Marina Thibeau. The goal is to reduce unnecessary burdens by having relevant information all in one place and the rules consistent with applicable exceptions.

ACTION:

Revise recommendation and work plan. Who is responsible? Larry. Due date: Dec 9

ITEM:

Recommendation # 2: "Timing"

Discussion:

Recommendation # 2.: Coordinate or develop uniform reporting requirements for Medicaid and MAAP. Assign one auditor by agency instead of several auditors by funding stream. Streamline the number of required reports and their varying deadlines by reporting on all funding services in one report.

The Work Group reviewed the revised draft recommendation and work plan and made the following comments and suggestions:

- For recommendation page
 - Under Broad Strategies, include to the sentence: "Assess current processes for conducting audits and look for additional ways to increase efficiencies, the following phrase *"---for example by investigating current audit monitoring processes, methods for increasing collaboration between the OA and Contracts, and exploring ways to increase relevant information-sharing within the Department."*
- For work plan page
 - Add "on-going" as deadline for all "Timing" activities.

ACTION:

Revise recommendation and work plan. Who is responsible? Larry. Due date: Dec 9

ITEM:

Recommendation # 1: "Quality"

DISCUSSION:

Recommendation # 1. Ensure consistent application of MAAP compliance reporting and accurate representation of contract activity specific to MAAP compliance within community agencies (CAs). Ensure that MAAP and Federal Single audits are conducted in accordance with applicable standards. Where appropriate and feasible, eliminate overlap of audit functions and duplication of audit procedures between the Department's

Office of Audit (OA) and IPAs.

The Work Group reviewed the revised draft recommendation and work plan and made the following comments and suggestions under the Work Plan.

- Add “on-going” as deadline for all “Quality” activities.
- Designate as responsible for all activities, OA in collaboration with a future work

ACTION:

Revise recommendation and work plan. Who is responsible? Danny. Due date: Dec 9

ITEM:

Parking Lot Items

DISCUSSION:

Some concerns identified earlier by the Work Group were “parked” for later discussion. At this meeting, the Work Group revisited those concerns, urging OA to address them:

- The intent of an expense should be taken into consideration when deciding whether to disallow. For example, if a CA in good faith pays the salary for an employee in training, and that person leaves the PNMI program before training is complete, OA should not disallow the salary expense. Herb indicated that he would present this as a recommendation to DHHS program managers who are empowered with proposing rule changes. In this case, the rule pertains to standards for Other Qualified Mental Health Professional (OQMHP).
- The nature of closeout is complicated. If OA and Contracting address this jointly, then the burden will diminish.
- The degree of judgment used when OA audits CAs should be minimized. Herb remarked that the phrase “a reasonable and necessary business expense” is used frequently in rule, and policy guides how the phrase is interpreted. He recommends that policy makers be brought into the discussion. For example, is it still reasonable to disallow cell phone expenses (a long time practice) or should these expenses be considered an ordinary cost of doing business? The Work Group noted that posting such information and interpretations of rule on the OA website will help CAs stay current, and help minimize appeals.

ACTION:

Address with DHHS Program Managers. Who is responsible? OA. Due date: Ongoing

ITEM:

Next steps

DISCUSSION:

Since the Audit Work Group is not scheduled to meet again, Herb suggested that we send the revised material to the Work Group in plenty of time for members to review and comment prior to the December 16th APOC Steering Committee meeting. In an email that accompanies the documents, Herb will designate to whom comments should be sent.

ACTION:

Email revised documents to Audit Work Group. Note deadline for comments, and to whom comments should be sent. Who is responsible? Danny. Due date: 12/9/05

CONTRACTING WORK GROUP CHARGE

- Identify areas where unnecessary administrative burdens and costs are evident
- Prioritize areas to be addressed under Audit process
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability
- Include a broad work plan and timelines

CONTRACTING WORK GROUP MEMBERSHIP

MEMBER	REPRESENTING
Paul Dann, Co-Chair	NFI North, Inc.
Marie Hodgdon, Co-Chair	DHHS, Purchased Services
Dean Bailey	DHHS, Residential Services Program Manager
Mark Bard	HealthReach Network
Shannon Bonsey	Penquis C.A.P.
Robert Burman	Maine Center for Disease Control/Bureau Operations
Aimee Carlton	DHHS, Finance
Dick Israel	Community Health and Counseling Services
Matt Halloran	DHHS, Office of Audit
Rob Jones	DHHS, Purchased Services
Paul McDonnell	Milestone
John Mower	DHHS, Purchased Services
Katherine Murray	DHHS, Purchased Services
Deb Parry	Seniors Plus
Jim Pierce	Independence Assoc. Inc
Kitty Purington	Maine Association for Mental Health Services
Judy Reidt-Parker	PROP
Sharon Sprague	DHHS, Integrated Services
Dennis Stout	Momentum
Frank Willard	Protea
Jeff Toothaker	DHHS, Purchased Services
Steve Turner	Financial Analyst
Michael Wenzel	DHHS, Purchased Services
Chip Woodman	Accounting and Cash Management
Sue Ebersten, Staff	Muskie School of Public Service
Leslie Rozeff, Staff	Muskie School of Public Service

CONTRACTING WORK GROUP SCHEDULE OF MEETINGS

Scheduled Meetings for Contracting and Billing Workgroup

September 28th

from 1:00-3:00pm

(Cross Building, Rm 105, Augusta)

October 6th

from 1:00-3:00pm

(Cross Building, Rm 105, Augusta)

October 17th

from 10:00am-12:00pm

(Cross Building, Rm 600, Augusta)

November 2nd

from 1:00-3:00pm

(Cross Building, Rm 105, Augusta)

November 18th

from 2:00-4:00pm

(Cross Building, Rm 600, Augusta)

November 30th

from 1:00-3:00pm

(Cross Building, Rm 105, Augusta)

CONTRACTING WORK GROUP MEETING MINUTES

Administrative Process Contracting/Billing Work Group

Date: September 28, 2005

Location: Cross Building, Augusta
Minutes

PRESENT:

Paul Dann, Marie Hodgdon, Mark Bard, Robert Burman, Sue Ebersten, Matt Halloran, Rob Jones, Paul McDonnell, Katherine Murray, Jim Pierce, Leslie Rozeff, Jeff Toothaker, Steve Turner, Michael Wenzel, Emily Hoberg, Brenna Haviland, Chip Woodman, Aimee Carlton

ABSENT:

Liz Hanley, Alex Tessman, Kitty Purington, Dick Israel, John Mower

ITEM:

Welcome and Introductions

DISCUSSION:

Co-chairs welcomed group and introductions were made. Agenda was reviewed.

ITEM:

Chapter 12 Part NN and general discussion about how workgroups came to be established

DISCUSSION:

Brief overview of the handout (PL 2005 Ch12, Part NN) which is the enacting legislature put forth by DHHS to show their commitment to the process of streamlining and reducing administrative burdens.

To oversee the process there is a steering committee -Administrative Process Oversight Committee (APOC-) and 3 workgroups, which are broadly representative of community interests (providers, advocates). The APOC is currently comprised of DHHS staff who are chairing the 3 workgroups. It is co-chaired by Dawn Stiles, COO of Spurwink and

Geoff Green, Deputy Commissioner. It will be expanded to include the provider co-chairs of each workgroup.

The process of the workgroups was clarified to include a comment that DHHS is highly likely to endorse all recommendations, however, the APOC will routinely review workgroup progress and will alert the workgroups to any potential conflicts with DHHS initiatives underway.

The workgroup will operate using the consensus model.

Billing as it pertains to this workgroup refers to contract payments and not MaineCare.

ITEM:

Overview of Purchased Services Administration at DHHS

DISCUSSION:

Marie handed out and reviewed a number of documents including:

- Agreement Summary by program area
- Organization chart for Purchased Services
- Levels of management of agreements
- Agreement Life cycle Chart
- Agreement Process
- Timetable for agreement processing
- Agreement Routing Plan
- Functions (tasks as well as whether purchased services, regional operations, finance or program is responsible)

Becky Green will be working with Marie's unit on utilization of LEAN management principles to assist with streamlining the process.

Question was raised about Audit Resolution Manager's Role. This person follows up on corrective action plans as a result of an audit and develops repayment plans.

ITEMS:

Overview of Contract Payment Procedures

DISCUSSION:

Aimee Carlton reported there are 3 procedures to ensure payment is made:

1. Electronic system- MACWIS (Maine Automated Child Welfare Information System)
2. Manual System (OLD Behavior & Developmental Service, & Office of Substance Abuse) through Accounting Technician mostly based upon payment schedules integrated into the contracts.
3. Ad Hoc- Invoice based, generated by vendor

ITEM:

Charge to workgroup

DISCUSSION:

Handout was reviewed with the workgroup. Guiding principles also reviewed and it was agreed that one of the ground rules was to work from the guiding principles. Members were asked to not limit any ideas and think outside the box throughout this process. Other ground rules included starting and ending on time, being respectful of other viewpoints.

ITEM:

Process for accomplishing task and identification of administrative burdens

DISCUSSION:

Discussion of potential opportunities for reducing administrative burden associated with contracting/billing. The group brainstormed a list including:

- Timelines: Providers do not receive contract renewal materials, (allocations, forms, guidance, etc) with enough lead-time; makes it difficult to have contracts fully executed by start date.
- Timelines are especially problematic during “long sessions” of legislature; moving all agreements to October might help
- Contract packages change frequently, and with tight timelines, providers have to rush to adjust.
- DHHS contract functions are too decentralized; more collocation may improve efficiencies and communication
- Technology may be underutilized to improve communication where collocation isn’t possible
- Providers don’t know who to go to for answers – need better communication about roles and who can answer which questions.
- Answers aren’t always consistent between Regions; Regions may have the same policies, but interpretation is not consistent.
- Phone calls are not always returned; unreturned phone calls become a “dead end”

when providers don't know who else to call; (especially true of MECMS). Website may be a tool for improving communication

- Differing contract packages/requirements for different types of contracts are an administrative burden for multi-service agencies; service riders and financial pages differ and require differing levels of detail. Contract boiler plates are getting larger and larger
- Contract boiler plates include/duplicate some regulatory requirements – why repeat licensing issues in contract? What do other states do?
- Contract is full of “assurances” that take up space – can't this be handled elsewhere, such as a master file attached to the contract via reference. What do other states do? Formal, encumbered contracts are inefficient in underutilized services – contracts tie-up funding that never gets used. Can non-encumbered contract formats be used more frequently?
- Need to look at contract thresholds – right now, there are only two, <\$2,500 and >\$2,500. Once a contract goes over \$2,500, it requires a formal, lengthy contract package/process, whether it is \$2,501 or \$25M. Less formal contracts, with a shorter route for approval, may be appropriate at intermediate thresholds.
- Contract consolidation may hold some promise for reducing burdens, but must be analyzed against other issues, such as:
 - What happens to service riders and budgets, which now differ by program;
 - Consolidation can lead to longer boiler plates, trying to be “all things” to all programs.
 - Encumbering large contracts with multiple funding sources can be problematic: if one funding sources lacks adequate allocation, it holds-up the whole contract.

Additional areas for consideration: Reporting (financial and service), performance measurement, financial settlement (terms and process), quality assurance, DHHS technical assistance

ACTION:

List will be emailed to workgroup members so additional ideas can be added in preparation for next meeting. Who is responsible? Muskie Staff. Due date: 10/3.

ITEM:

Research requests

DISCUSSION:

There was a discussion about other types of contracts which were shorter, used appendixes, didn't include licensing/regulatory language. Examples of contracts for

services from other states were provided.

ACTION:

Obtain examples of streamlined contracts (Texas given as example). Who is responsible?
Muskie Staff. Due date: 10/28

ITEM:

Communication Structure

DISCUSSION:

Workgroup members were asked to distribute minutes to colleagues and associations they were affiliated with to serve as a conduit for distributing information from the workgroup as well as obtaining information to bring to the workgroup.

ACTION:

Share information with provider community and bring information back to workgroup.
Who is responsible? All workgroup members. Due date: Ongoing

Next Meeting

Thursday, October 6th

1:00-3:00pm Room 105, Cross Building, Augusta

Administrative Process Contracting/Billing Work Group

Date: October 6, 2005

Location: Cross Building, Augusta
Minutes

PRESENT:

Matt Halloran, Rob Jones, Paul McDonnell, Katherine Murray Jim Pierce, Leslie Rozeff, Jeff Toothaker, Steve Turner, Michael Wenzel (Aimee Carlton, John Mower, Frank Willard (Protea substitute for Alex Tessman), Deb Parry, Shannon Bonsey, Mary Haynes-Rodgers (ME Assoc for MH Svcs, substitute for Kitty Purington), Sharon Sprague, Emily Hoberg

ABSENT:

Paul Dann, Marie Hodgdon, Mark, Rob Burman, Dick Israel, Chip Woodman, Kitty Purington, Brenna Haviland, Judy Reidt-Parker

ITEM:

Welcome and Introductions

DISCUSSION:

Leslie Rozeff welcomed group and introductions were made. New members of Work Group were introduced. Agenda was reviewed.

ITEM:

Recap of first meeting

DISCUSSION:

Leslie Rozeff recapped first meeting of Work Group for new members. Items discussed included: Purchased Services Administration handouts; charge of Work Group; process of recommendations; guiding principles of how group will operate and discussion of process to identify administrative barriers.

ITEM:

Review of administrative burdens raised in first meeting

DISCUSSION:

Discussion and review of list of administrative burdens brainstormed by group in first meeting. List generated included:

- DHHS Technical Assistance
 - Providers don't know who to go to for answers-need better communication about roles and who can answer which questions.
- Quality Assurance
 - Answers aren't always consistent between Regions; Regions may have the same policies, but interpretation is not consistent.
 - Phone calls are not always returned; unreturned phone calls become a "dead end" when providers don't know who else to call; (especially true of MECMS)
- Contract Format and process
 - Timelines: Providers do not receive contract renewal materials, (allocations, forms, guidance, etc) with enough lead-time; makes it difficult to have contracts fully executed by start date.
 - Timelines are especially problematic during "long sessions" of legislature; moving all agreements to October might help.
 - DHHS contract functions are too decentralized; more collocation may improve efficiencies and communication.
 - Website may be a tool for improving communication. Collect info at beginning of contract process. Updates can be done via the web.
 - Contract packages change frequently, and with tight timelines, providers have to rush to adjust
 - Contract consolidation may hold some promise for reducing burdens, but must be analyzed against other issues, such as: what happens to service riders and budgets, which now differ by program; consolidation can lead to longer boiler plates, trying to be "all things" to all programs; and encumbering large contracts with multiple funding sources can be problematic: if one funding sources lack adequate allocation, it holds-up the whole contract.
 - Contract is full of "assurances" that take up space-can't this be handled elsewhere, such as a master file attached to the contract via reference. What do other states do?· Need to look at contract thresholds-right now there are two levels, below \$2,500 and above \$2,500. Once a contract goes over \$2,500, it requires a formal, lengthy contract package/process, whether it is \$2,051 or \$25 million. Less formal contracts, with a shorter route for approval may be appropriate at intermediate thresholds.
 - Formal, encumbered contracts are inefficient in underutilized services-contracts

tie-up funding that never gets used. Can non-encumbered contract formats be used more frequently?

- Differing contract packages/requirements for different types of contracts are an administrative burden for multi-service agencies; service riders and financial pages differ and require differing levels of detail.
- Contract boiler plates are getting larger and larger (catch all for unrelated areas i.e. licensing).
- Contract boiler plates include/duplicate some regulatory requirements-why repeat licensing issues in contract? What do other state do? Provider's legal representation saying not to sign the boilerplate language.

ITEM:

Process for accomplishing task and further identification of administrative burdens

DISCUSSION:

Discussion of additional administrative burdens associated with contracting/billing. The Work Group brainstormed a list including:

- DHHS Technical Assistance
 - At beginning of contracting cycle-communication/meeting with all providers on changes (could be more efficient FAQ's could be web-based).
 - Lack of training and place to go for new providers to become oriented to the process and also receive updates on changes in processes.
- Contracting Format and Process
 - Having to defend parts of contract once signed (throughout year) because program manager states methodology, etc. is incorrect/doesn't like it (have to deal with multiple people throughout year).
 - Clear legal relationships spelled out. Identify areas for potential conflict and develop efficient strategy to address them.
 - State provide all referenced material (in contract) i.e. electronic links to laws (such as Class A,B,C,D crimes), copies
 - Amendments-no standardized process and variance in when contract managers want them.
- Reporting
 - Reporting: suggestion to go to three quarterly reports and then a final report.
 - Reports (financial and performance reports)-not being read/going anywhere, questionable value of service reports. Providers asked to send multiple copies.

What happens to them? Need a process for giving providers feedback- they never hear anything back currently.

- Standardized reporting formats, i.e. DHHS, United Way both have different requirements. Would be nice for agencies who have multiple funding sources to use the same reporting form
- Reporting deemed status option so you won't have to submit so much paperwork.
- Web based reporting for financial, service, quality assurance (standardized).
- Contracting Format and Process
 - Merger of BDS and DHS not finalized (no clear operational strategies across structures especially finance, contracting and integrated services)
 - Much institutional knowledge that is not formally captured. Many people retiring or are discontent and are leaving.
 - Need unified or integrated information structure/system
- Financial Settlement
 - Timely payment of invoices becomes problematic due to many reasons: no amendment in place, contract expire, no funding left (allotment), etc. When agencies are receiving money-need to know at beginning- a checklist of all areas regarding funds such as tracking, reporting performance, settlement, forms, etc.
 - Line Item approval is required at 10% of total contract for Federal contracts but at 10% for line item by the state.
 - Payment-need clear description of what service is being paid-confusing as all are paid to the same Federal Tax ID number (electronic funds are handled in a different manner).
 - Adult MR using-Fee for service, published rate contract. Suggest this happens more broadly.

ACTION:

Areas identified will be grouped by themes. Who is responsible? Muskie Staff. Due date: 10/17/05

ITEM:

Discussion of invoice payment

DISCUSSION:

Aimee Carlton provided the following information as a clarification during a discussion of the above barriers:

Invoices are submitted for payment and a number of things can hold it up

- Invoice not properly approved
- Contract not encumbered
- Balance on contract exceeded
- Federal grant that funds contract not approved and/or available to draw cash* for payment

Some things that hold up a contract from being encumbered

- State allotment** not available
- Purchases contract review committee has questions on content
- Internal process reviewing contract

* To process payments, you need to have both State Allocation available and cash from the original source (federal grant, special revenue account). This does not apply to State General Fund account (accounts that begin with 010).

**Allocation/Appropriation is the State legal authority to spend money. Allocation/Appropriation is established either through the biennial (two year cycle) budget process, supplemental budget process (annual and considered emergency) or through a Financial Order. Financial Orders are process on an as needed basis, however most often from start to finish is a 6-8 week process. Once Allocation/Appropriation is established it is then available on a quarterly allotment basis as set up in the above budget processes.

Next Meeting

Monday, October 17th

10am-12pm

Room 600 Cross Building, Augusta

Administrative Process Contracting/Billing Work Group

Date: October 17, 2005

Location: Cross Building, Augusta

Minutes

PRESENT:

Dean Bailey, Shannon Bonsey, Rob Burman, Aimee Carlton, Paul Dann, Sue Ebersten, Matt Halloran, Marie Hodgdon, Rob Jones, Paul McDonnell, John Mower, Katherine Murray, Deb Parry, Jim Pierce, Kitty Purington, Leslie Rozeff, Sharon Sprague, Jeff Toothaker, Steve Turner, Frank Willard (Protea substitute for Alex Tessman), Brenna Haviland

ABSENT:

Mark Bard, Dick Israel, Emily Hoberg, Judy Reidt-Parker, Michael Wenzel, Chip Woodman

ITEM:

Welcome and Introductions

DISCUSSION:

Leslie Rozeff welcomed group and introductions were made. Agenda was reviewed.

ITEM:

Recap of first meeting

DISCUSSION:

Marie Hodgdon recapped second meeting of Work Group. Members were asked to contribute any thoughts on last meeting's minutes. Members requested that documents distributed at meeting also be forwarded via email.

ACTION:

Documents will be attached to next minutes email. Who is responsible? Sue Ebersten
Due date: Done

ITEM:

Questions/clarifications re DHHS roles

DISCUSSION:

(1) Q: How does the new DHHS financial service center effect our work? A: The service center should not have any impact on the work of this group; it is an internal reorganization that will likely be “invisible” to providers.

(2) Q: If DAFS moves towards an “electronic contract”, what impact will that have? A: This is still under discussion, but should not stop us from moving forward with our current task.

ITEM:

Review of priorities previously identified

DISCUSSION:

Muskie Staff handed out list of potential areas for recommendations based on last meeting’s brainstorming. The brainstormed items were clustered into five potential areas for recommendations:

1. DHHS provides consistent, timely and accurate communication/technical assistance to all contracted providers
2. Contract formats are consistent and streamlined to contain only essential information.
3. Contract processes are clear, streamlined, and consistently implemented. Contract processes allow adequate time for providers to meet deadlines.
4. Service, performance and financial reporting processes are efficient and useful to both parties.
5. Payment and financial settlement processes are clear, efficient and consistently implemented.

For today’s meeting, Sue Ebersten asked the group to evaluate the “clusters, considering the following:

- Do the “clusters” capture the concept correctly?
- Do the objectives (bullet points) meet the goals (boldfaced)?
- Is there anything missing?
- Documents
 - Future contracts may be scanned – except for signature page
 - Who will enter the information? Who will manage?

- Billing Process
 - Should there be more mention of billing process?
 - Most issues appear to be contracts-based.
- Web-based Contracts
 - If there is discussion of an electronic contracting system, can we recommend that they (ex: Dick Thompson) coordinate with other groups, such as this committee, to create an inclusive process in design (under #3).
- Consolidated Agreements
 - Can sometimes be a challenge due to varying systems (i.e. children's behavioral health)
 - Add a recommendation: Define efficiencies to be had (under #5)

ITEM:

Small group work

DISCUSSION:

Members were divided into 2 small groups, equally represented by providers.

Groups were instructed to begin with the first recommendation, review the bullets under it, and work to move from the bulleted “brainstorm list” to “activity statements” that, if successfully implemented, would lead to the achievement of the recommendation. The groups will work through each of the five recommendations in this fashion.

ITEM:

Voices missing from the table

DISCUSSION:

In one small group, the issue of consistency in contracts across regions was raised. It was suggested that current inconsistencies are primarily on the program side, rather than the financial/processing side – and we do not have representatives from regional services in the group. It was agreed that there is a need for regional program staff to attend a meeting, or to be gathered in some other forum, to comment on how regional program/policies inconsistencies can be eliminated.

ACTION:

Check with Office Directors of regional programs to see how best to get program “voice” into the process. Who is responsible? Sue Ebersten will discuss with Sharon Sprague.
Due date: Next meeting

ITEM:

Process Check-In

DISCUSSION:

Members reconvened; groups will continue their work at the next meeting.

ACTION:

Compile and email lists for each small group. Who is responsible? Muskie Staff

Next Meeting

Wednesday, November 2, 2005

Cross Building, Augusta

Administrative Process Contracting/Billing Work Group

Date: November 2, 2005

Location: Cross Building, Augusta
Minutes

PRESENT:

Paul McDonnell, Dean Bailey, Shannon Bonsey, Dennis Strout, Paul Dann, Sue Ebersten, Matt Halloran, Marie Hodgdon, Rob Jones, John Mower, Emily Hoberg, Mark Bard, Michael Wenzel, Katherine Murray, Deb Parry, Jeff Toothaker, Jim Pierce, Kitty Purington, Leslie Rozeff

ABSENT:

Judy Reidt-Parker, Aimee Carlton, Rob Burman, Dick Israel, Sharon Sprague, Chip Woodman, Steve Turner

ITEM:

Welcome and Introductions

DISCUSSION:

Paul and Marie welcomed all to the meeting; briefly updated work of last meeting.

ITEM:

New Recommendation Template

DISCUSSION:

Sue distributed/discussed a draft of the format all APOC work groups will use when submitting final recommendations. The format includes a one-page text summary of the recommendation, its rationale, broad strategies for achieving the recommendation, and the impact on costs and accountability. This is followed by a work plan of major activities and timelines to implement each. Copy of draft attached.

ACTION:

All further work of Committee will be put in the new format. Who is responsible? Muskie. Due date: Final draft due to APOC in Dec.

ITEM:

New Recommendation Template

DISCUSSION:

Sue distributed/discussed a draft of the format all APOC work groups will use when submitting final recommendations. The format includes a one-page text summary of the recommendation, its rationale, broad strategies for achieving the recommendation, and the impact on costs and accountability. This is followed by a work plan of major activities and timelines to implement each. Copy of draft attached.

ACTION:

All further work of Committee will be put in the new format. Who is responsible?
Muskie. Due date: Final draft due to APOC in Dec.

ITEM:

Recommendation #2

DISCUSSION:

In a facilitated discussion the group drafted “broad strategies” for recommendation #2, along with major activities. Copy attached.

Action:

Please review draft by next meeting. Who is responsible? All members

ITEM:

Recommendation #3

DISCUSSION:

In a facilitated discussion the group drafted “broad strategies” for recommendation #2, along with major activities. Copy attached.

ACTION:

Please review draft by next meeting. Who is responsible? All members

ITEM:

Next Steps

DISCUSSION:

At the November 18th meeting we will look at recommendations #4 and #5 and define strategies and activities. Our last meeting (November 30th) will be used to review all five and make final edits.

Next Meeting

November 18th, 2005

2:00 – 4:00

Room 600 Cross Building, Augusta

Administrative Process Contracting/Billing Work Group

Date: November 18, 2005

Location: Cross Building, Augusta
Minutes

PRESENT:

Dean Bailey, Shannon Bonsey, Paul Dann, Sue Ebersten, Matt Halloran, Marie Hodgdon, John Mower, Emily Hoberg, Michael Wenzel, Katherine Murray, Deb Parry, Jeff Toothaker, Mark Bard, Paul McDonnell, Jim Pierce, Leslie Rozeff, Dennis Strout, Frank Willard, Kitty Purington

ABSENT:

Rob Burman, Dick Israel, Judy Reidt-Parker, Sharon Sprague, Rob Jones, Chip Woodman, Aimee Carlton, Steve Turner, Brenna Haviland, Alex Tessman

ITEM:

Welcome and Introductions

DISCUSSION:

Paul and Marie welcomed all to the meeting and introduced new member Dennis Stout.

ITEM:

DHHS Updates

DISCUSSION:

Marie updated the group on the following two activities of DHHS purchased services relevant to our work:

- Work has been completed on new purchased services rules, and is almost complete on procedures. Both will soon be released for public comment. Notification will be sent to providers through “interested parties” lists and via contract administrators on all current agreements.
- The purchased services unit just finished two days of LEAN training with the goal of streamlining internal processes. The LEAN analysis helped staff reduce contract processing from 23 steps to 12. It is anticipated that this work should shorten timeframes significantly. Other suggested improvements, including changes to the database and increased automation, are being reviewed for available resources.

DECISION:

Providers are invited to comment on new rules and procedures. Who is responsible?
Marie will publish it. Due date: Coming soon.

ITEM:

Review of status

DISCUSSION:

Sue reviewed the work of the last meeting, where the group drafted broad strategies and activities for Recommendations #2 and #3. This meeting will do the same for Recommendations #4 and #5. Based on all of the information gathered, Muskie will present the drafts of all five recommendations to the Work Group at our final scheduled meeting on November 30th.

ITEM:

Recommendation #4

DISCUSSION:

In a facilitated discussion the group drafted "broad strategies" for recommendation #4, along with major activities. Copy attached.

ACTION:

Please review draft by next meeting. Who is responsible? All members. Due date: November 30

ITEM:

Recommendation #5

DISCUSSION:

In a facilitated discussion the group drafted "broad strategies" for recommendation #5, along with major activities. Copy attached.

ACTION:

Please review draft by next meeting. Who is responsible? All members. Due date:
November 30

ITEM:

Next Steps

DISCUSSION:

Our last meeting (November 30th) will be used to review all five and make final edits.

Next Meeting

November 30th, 2005

1:00 – 3:00

Room 105, Cross Building Augusta

Administrative Process Contracting/Billing Work Group

Date: November 30, 2005

Location: Cross Building, Augusta
Minutes

PRESENT:

Dean Bailey, Paul Dann, Sue Ebersten, Marie Hodgdon, John Mower, Michael Wenzel, Katherine Murray, Deb Parry, Jeff Toothaker, Mark Bard, Paul McDonnell, Jim Pierce, Leslie Rozeff, Dennis Strout, Frank Willard, Kitty Purington, Rob Jones, Aimee Carlton, Steve Turner, Brenna Haviland

ABSENT:

Shannon Bonsey, Matt Halloran, Rob Burman, Emily Hoberg, Dick Israel, Judy Reidt-Parker, Sharon Sprague, Chip Woodman, Alex Tessman

ITEM:

Welcome and Introductions

DISCUSSION:

Paul and Marie welcomed all to the meeting.

ITEM:

Review of status

DISCUSSION:

Sue reviewed the work of the last meeting, where the group drafted broad strategies and activities for Recommendations #4 and #5. This meeting will review the strategies and work plan for all 5 Recommendations and make appropriate edits as we go. Drafts of all five recommendations were presented to the group.

ITEM:

Recommendation #1

DISCUSSION:

In a facilitated discussion the group edited “broad strategies” for recommendation #1, along with major activities. Copy attached.

ITEM:

Recommendation #2

DISCUSSION:

In a facilitated discussion the group edited “broad strategies” for recommendation #2, along with major activities. Copy attached.

ITEM:

Recommendation #5

DISCUSSION:

In a facilitated discussion the group edited “broad strategies” for recommendation #5, along with major activities. Copy attached.

ITEM:

Recommendation #4

DISCUSSION:

At this point, Members decided to continue past the proposed 3:00 end time to complete Recommendations #4 and #3, rather than calling another meeting. Some group members were unable to stay and will communicate via email.

In a facilitated discussion the remaining group members edited “broad strategies” for recommendation #4, along with major activities. Copy attached.

ACTION:

Please review and send edits to Sue. Who is responsible? Members who were absent from 3:00 – 4:00 pm. Due date: December 15th

ITEM:

Recommendation #3

DISCUSSION:

In a facilitated discussion the remaining group edited “broad strategies” for recommendation #3, along with major activities. Copy attached.

ACTION:

Please review and send edits to Sue. Who is responsible? Members who were absent from 3:00 – 4:00 pm. Due date: December 15th

ITEM:

Next Steps

DISCUSSION:

Sue and Leslie will integrate changes and suggestions based on the meeting and future emails. A final draft will be emailed out on December 20th.

Next Meeting

No plan to meet again at this time.

LICENSING WORK GROUP CHARGE

- Identify those areas where unnecessary administrative burdens and costs are evident.
- Prioritize areas to be addressed under APOC process.
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability.
- Include a broad work plan and time lines

LICENSING WORK GROUP MEMBERSHIP

MEMBER	REPRESENTING
Lou Dorogi, Co-Chair	DHHS, Licensing and Certification
Peter Mauro, Co-Chair	DHHS, Licensing and Certification
Jack Mazzotti	Harbor Schools of Maine, Inc.
Todd Beaulieu	DHHS, Licensing and Certification
Linda Brisette	DHHS, Office of Child and Family Services
Myra Broadway	Maine State Board of Nursing
Catherine Cobb	DHHS, Office of Elder Services
Allyson Dean	PROP
Leo Delicata	Legal Services for the Elderly
Mary Lou Dyer	
Rick Erb	Maine Health Care Association
Marya Faust	DHHS, Adult Mental Health Services
Brenda Gallant	Long Term Care; Ombudsman Program
Geoffrey Green	Department of Health and Human Services
Claire Harrison	DHHS, Region I
Lisa Harvey-McPherson	Eastern Maine Healthcare
Ali Hilt-Lash	DHHS, Licensing and Certification
Kimberly Johnson	DHHS, Office of Substance Abuse
Paul MacFarland	DHHS, Office of Substance Abuse
Brian McAuliffe	DHHS, Licensing and Certification
Denise Osgood	DHHS, Licensing and Certification
Sandy Parker	Maine Hospital Association
Jarad Platt	DHHS, Office of Substance Abuse
Vicki Purgavie	Home Care Alliance of Maine
Kitty Purington	
Diana Scully	DHHS, Adult Mental Health Services
Beverly Shumaker	FACT
Robert Steinberg	DHHS, Licensing and Certification
Dawn Stiles	Spurwink

Wes Uhlman
Lisa Wallace

Susan Donar, Staff
Sue Ebersten, Staff
Eileen Griffin, Staff

DHHS, Licensing and Certification
Mid-Coast Mental Health Center

Muskie School of Public Service
Muskie School of Public Service
Muskie School of Public Service

LICENSING WORK GROUP MEETING SCHEDULE

The Licensing Work Group established the following meeting schedule:

- September 28: Conference Room 1A, 442 Civic Center Drive
- October 12: Main Conference Room, 221 State Street
- October 26: Main Conference Room, 221 State Street
- November 9: Conference Room 1A, 442 Civic Center Drive
- November 16: Conference Room 1A, 442 Civic Center Drive
- December 14: Conference Room 1A, 442 Civic Center Drive

All meetings are scheduled from 1:00 to 4:00.

LICENSING WORK GROUP MINUTES

Administrative Process Work Group: Licensing
September 14, 2005
442 Civic Center Drive
Minutes

PRESENT:

Robert Steinberg, Ali Hilt-Lash, Sandy Parker, Leo Delicata, Jack Mazzotti, Myra Broadway, Rick Erb, Jarad Platt, Dawn Stiles, Lisa Harvey-McPherson, Claire Harrison, Diane Scully, Brian McAuliffe, Todd Beaulieu, Wel Uhlmann, Cathy Cobb; Peter Mauro, Lou Dorogi, co-chairs; Susan Donar, Eileen Griffin, staff; Emily Hoberg, Brenna Haviland, students.

ABSENT:

Claire Harrison, Marya Faust, Kimberly Johnson, Paul MacFarland, Vicki Purgavie, Brenda Gallant, Allyson Dean

ITEM:

Welcome and Introductions

DISCUSSION:

Lou Dorogi welcomed Licensing Work Group members and invited them to introduce themselves.

ITEM:

Background

DISCUSSION:

Lou Dorogi reviewed the Part NN, the legislation governing this Work Group's activities. The legislation requires DHHS to review ways to reduce the administrative burden on providers resulting from licensing, contracting, auditing and billing. In addition, Lou explained that a larger "Administrative Processes Oversight Committee" had been formed to coordinate all activities under Part NN and that the Licensing Work Group was one of three work groups. The other two work groups were addressing contracting, billing

and auditing. Work Group members were also referred to a list of guiding principles that would govern the work of the APOC and the Work Group.

ITEM:

Charge to Licensing Work Group Sue Donar reviewed the charge to the Work Group:

- Identify those areas where unnecessary administrative burdens and costs are evident.
- Prioritize areas to be addressed under APOC process.
- Make recommendations in prioritized areas to reduce burdens and costs while maintaining accountability.
- Include a broad work plan and timelines.

ITEM:

Groundrules

DISCUSSION:

Sue Donar introduced a proposed set of groundrules to govern the Work Group's activities and asked for comments or modifications. None were given.

ITEM:

Process for Doing Work

DISCUSSION:

Lou reviewed the proposed process for accomplishing the work:

- Identify potential opportunities for reducing administrative burden imposed by licensing
- Prioritize areas for focus
- Discuss and evaluate each priority opportunity
- Develop recommendations with timeline and needed resources for addressing

ITEM:

Identifying Opportunities for Reducing Burden on Providers

DISCUSSION:

Sue asked Work Group members to identify opportunities for reducing the burden licensing imposes on providers. After completing this process, Work Group members were asked to review a summary of issues identified through other stakeholder processes (the Restructuring and Unification Council, the Commissioner's Implementation Advisory Team, a legislative study group) to see if any ideas from that list needed to be added. The complete list included:

- Reducing the frequency of licensing, currently every 2 yrs.
- Nationally accredited need to have a dual state licensing (deemed status) Medicare certification
- Philosophical conflict purely regulatory standard vs. clinical & programmatic qualitative review
- Be consistent if qualitative focus – staff needs more training
- Coordinate licensing visits· Conflicting/redundant rules
- Different interpretation of rules
- Too much focus on details vs. key events & outcomes
- Licensee & surveyor have same standards & guideline interpretations, working off the same page
- Online frequently asked questions· Frequency of reporting MDS minimum data set
- Outdated statutes that govern requirements in licensing regulations
- Request licensing in an area – staffing & funding be adequate
- Frequency of reviews for agencies· Both statutes 34B & 22 be consistent
- Language differences in what we're regulating and how to measure
- What are the critical elements to review – stay focused on charter of agency
- Increase use of electronic media for licensing functions
- Accept plans electronically· Clarify what providers need to report to department
- No interface between licensing & MaineCare· More consistency on how we regulate
- Some rules more administrative vs. programmatic
- Develop a focused survey for agencies in good standing
- Licensing wants to apply regulations to provider co-locating in site where the provider has no control over physical safety
- Licensing keeping up with best practices
- Regulations not keeping up with best practices
- Updating providers on new interpretations of existing rules
- Clarification between licensing & contracting: sometimes in conflict
- Licensing regulations not including MaineCare services as they are currently defined
- Interface between licensing & funding doesn't always fit; funding sometimes drives services
- What is an agency vs. an individual practitioner? Licensed agency is sometimes

group of individual practitioners

- Licensing flexibility allows judgment calls. Licensing teeth – licensing and contracting should support each other
- Unnecessary variations between state & federal standards. Coordinate licensing functions (fire marshal, etc.)
- Eliminate documentation of staff education
- Single-entry point for providers

ITEM:

Prioritizing Opportunities

DISCUSSION:

Sue asked each Work Group member to identify his or her top priorities. The Work Group's top three priorities include:

- Frequency of licensing surveys
- Feasibility of deeming based on national accreditation
- Choosing a consistent approach to licensing: compliance with procedural requirements or a qualitative assessment of practice

For the next meeting, Muskie staff agreed they would reorganize the remaining list of burdens/opportunities so the Work Group can address related topics together.

ACTION:

Group related topics. Who is responsible? Muskie staff. Due date: 9-28-05

ITEM:

Process Check

DISCUSSION:

Sue invited Work Group members to identify opportunities for improving meeting process and to discuss the best way to go forward.

ITEM:

Provider Co-Chair

DISCUSSION:

Work Group members nominated Jack Mazzotti as the third co-chair for the Licensing Work Group. Jack will be helping to set the agenda between meetings and will moderate meetings, alternating with Lou and Peter.

ITEM:

Next Meeting

DISCUSSION:

The Work Group agreed to begin with their top three priorities and to work through the remainder of the list.

ITEM:

Meeting Schedule

DISCUSSION:

The Licensing Work Group established the following meeting schedule:

- September 28: Conference Room 1A, 442 Civic Center Drive
 - October 12: Main Conference Room, 221 State Street
 - October 26: Main Conference Room, 221 State Street
 - November 9: Conference Room 1A, 442 Civic Center Drive. November 16: Conference Room 1A, 442 Civic Center Drive
- All meetings are scheduled from 1:00 to 4:00.

Administrative Process Work Group: Licensing
September 28, 2005
442 Civic Center Drive
Minutes

PRESENT:

Robert Steinberg, Ali Hilt-Lash, Sandy Parker, Leo Delicata, Jack Mazzotti, Myra Broadway, Rick Erb, Jarad Platt, Dawn Stiles, Lisa Harvey-McPherson, Claire Harrison, Diane Scully, Brian McAuliffe, Todd Beaulieu, Wel Uhlmann, Cathy Cobb; Peter Mauro, Lou Dorogi, co-chairs; Susan Donar, Eileen Griffin, staff; Emily Hoberg, Brenna Haviland, students.

ABSENT:

Marya Faust, Kimberly Johnson, Paul MacFarland, Vicki Purgavie, Brenda Gallant, Allyson Dean

ITEM:

Welcome and Introductions

DISCUSSION:

Lou Dorogi welcomed Licensing Work Group members to their second meeting. The minutes from the September 14 meeting were revised to reflect that Claire Harrison was listed as present for that meeting. Lou reviewed the agenda for this meeting.

ACTION:

Revise minutes. Who is responsible? Eileen. Due date: 10-12-05

ITEM:

Review Grouping of Priorities

Discussion:

Work Group members were invited to provide feedback on the way their ideas and suggestions from the previous meeting had been grouped. Discussions over the next several meetings will be organized around these groupings. Members did not make substantive changes to the groupings.

ITEM:

Review Guiding Principles

DISCUSSION:

Lou reviewed the Guiding Principles presented at the previous meetings. Members were asked to keep these principles in mind as they developed recommendations for reducing provider burden.

ITEM:

Accreditation & Deeming

DISCUSSION:

Members considered the proposal to allow the State to deem a provider in compliance with state requirements when the provider was in compliance with comparable requirements imposed by a national accrediting body. Sue invited members to identify ways in which the proposal would reduce the burden on providers and the Department; the impact on quality and cost; potential barriers, questions and concerns. Members discussed the advantages of avoiding unnecessary duplication of processes, and concerns about the comparability and rigor of some accrediting bodies. Members' discussion was recorded on flipchart notes.

ITEM:

Frequency of Surveys

DISCUSSION:

Members considered the proposal to reduce the frequency of surveys by extending the term of a license. Members agreed that the Department should have the flexibility to reduce the frequency and scope of surveys for providers who are performing well, so that resources can be focused on providers needing more attention. Members' discussion was recorded on flipchart notes.

ITEM:

Outcomes v. Structure

DISCUSSION:

Members considered the proposal that the State be consistent in applying its licensing practices. After much discussion, the group agreed that the primary recommendation is that the Department develop a consistent philosophy for licensing. Members' discussion was recorded on flipchart notes.

ITEM:

Plan for Next Meeting

DISCUSSION:

The next meeting of the Licensing Work Group will be October 12 in the Main Conference Room, 221 State Street, 1:00 to 4:00. For the next meeting, Susan and Eileen will summarize the discussion for this meeting for review and feedback from Work Group members. In addition, members will discuss: Consistency & Updating; Capacity & Infrastructure; Interface with Other DHHS functions and Departments.

ACTION:

Synthesize flipchart notes for review and feedback from Work Group members. Who is responsible? Sue & Eileen. Due date: 10.12.05

ITEM:

Remaining Meetings

DISCUSSION:

Remaining meetings are scheduled for:

- October 26: Main Conference Room, 221 State Street
- November 9: Conference Room 3, 442 Civic Center Drive
- November 16: Conference Room 3, 442 Civic Center Drive

All meetings are scheduled from 1:00 to 4:00.

Administrative Process Work Group: Licensing
Date: October 12, 2005
Location: 221 State Street
Minutes

PRESENT:

Jack Mazzotti (co-chair); Peter Mauro (co-chair); Sandy Parker; Rick Erb; Ali Hilt-lash; Lisa Wallace; Diana Scully; Brenda Gallant; Denise Osgood; Vicki Purgavie; Myra Broadway; Karen McDonald; Paul McFarland; Catherine Cobb; Dawn Stiles; Leo Delicata; Eileen Griffin, staff; Emily Hoberg, Brenna Haviland, students.

ABSENT:

Lou Dorogi (co-chair); Jarad Platt; Lisa Harvey-McPherson; Claire Harrison; Brian McAuliffe; Todd Beaulieu; Wel Uhlmann; Claire Harrison; Marya Faust; Kimberly Johnson; Allyson Dean; Susan Donar.

ITEM:

Welcome and Introductions

Discussion:

Jack Mazzotti welcomed Licensing Group to their third meeting. Introductions were made. Jack reviewed the agenda for meeting. The group reviewed the minutes from September 28th. Minutes were accepted with corrections regarding attendance noted.

ACTION:

Revise Minutes. Who is responsible? Eileen. Due date: October 26

ITEM:

Review Recommendation Templates

DISCUSSION:

Jack and Eileen reviewed the Recommendation Templates. Eileen explained how that the recommendation template had been adopted by the Administrative Oversight Process Committee (APOC). Eileen had tried to synthesize the discussion from the last meeting into the template for three recommendations. Members were asked to review the

recommendations and provide feedback.

ITEM:

Recommendation 1: Consistent Philosophy Members considered the proposal that the State develop a consistent philosophy in the licensing department. Members raised the issue that there should be a consistent application of the licensing regulations. The point was made that there is a difference between having a different philosophy and having a different set of responsibilities (e.g., licensing a provider as a residential facility and licensing a provider to provide treatment or other services). Members developed a recommendation that the State develop and communicate a mission and philosophy that is applied consistently across the different licensing programs and units. Muskie will update the Recommendation Template to reflect the Members comments and thoughts.

ACTION:

Update Recommendation Template. Who is responsible? Eileen. Due date: October 26

ITEM:

Recommendation 2: Accreditation and Deeming

DISCUSSION:

Members considered the prior recommendation as to allow the State to deem a provider in compliance with regulations when the provider was in compliance with comparable requirements imposed by a national accrediting body. The issue was raised that accrediting agencies are often more interested in system design not the individual who is receiving care unless there are a number of instances that result in a problem. The issue of state and federal surveys was raised. The recommendation was revised to have the State licensing department explore the possibility of deeming certain requirements. Recommendation was also made to look at what other states are doing. Muskie will update the Recommendation Template to reflect the Members comments and thoughts.

ACTION:

Update Recommendation Template. Who is responsible? Eileen. Due date: October 26

ITEM:

Recommendation 3: Frequency of Surveys

DISCUSSION:

Members further discussed the recommendation to reduce the frequency of surveys for providers who are performing well so that resources can be focused on providers who are not performing as well. Member's thoughts and comments will be recorded and added to the recommendation template.

ACTION:

Update Recommendation Template. Who is responsible? Eileen. Due date: October 26

ITEM:

Other Recommendations Considered

DISCUSSION:

Members discussed other potential recommendations. The areas discussed were a) streamlining, consistency, and updating; b) DHHS infrastructure and capacity; and c) the interface with other DHHS functions and departments. Members discussed how these recommendations can be incorporated into the prior recommendations. Muskie to update the recommendation templates to reflect these comments.

ACTION:

Update Recommendation Template. Eileen. Due date: October 26

ITEM:

Plan for next meeting

DISCUSSION:

Jack thanked Members for their attendance and thoughts. The next meeting of the Licensing Group will be October 26, 2005 at 1pm at 221 State Street. For the next meeting, Eileen will summarize the discussion for this meeting for review and feedback from Members

ACTION:

Update Templates. Who is responsible? Eileen. Due date: October 26

ITEM:

Remaining Meetings

DISCUSSION:

Remaining meetings are scheduled for:

- November 9: Conference Room 3, 442 Civic Center Drive
- November 16: Conference Room 3, 442 Civic Center Drive

Administrative Process Work Group: Licensing
Date: October 26, 2005
Location: 221 State Street
Minutes

PRESENT:

Peter Mauro (co-chair); Todd Beaulieu; Denise Osgood; Rick Erb; Karen MacDonald; Wes Uhlman; Paul MacFarland; Sandy Parker; Robert Steinberg; Brian McAulife; Dawn Stiles; Lisa Harvey-McPherson; Lisa Wallace; Eileen Griffin; Sue Donar, staff; Emily Hoberg, Brenna Haviland, Muskie Students.

ABSENT:

Jack Mazzotti (co-chair); Lou Dorogi (co-chair); Ali-Hilt-Lash; Diana Scully; Brenda Gallant; Vicki Purgavie; Myra Broadway; Catherine Cobb; Leo Delicata; Jarad Platt; Claire Harrison; Marya Faust; Kimberly Johnson; Allyson Dean.

ITEM:

Welcome and Introductions

DISCUSSION:

Peter Mauro welcomed Licensing Group to their fourth meeting. Introductions were made. Peter reviewed the agenda for the meeting. Minutes from October 12th meeting reviewed. Minutes were accepted with corrections regarding attendance noted.

ACTION:

Revise October 12 minutes. Who is responsible? Muskie. Due date: November 9, 2005

ITEM:

Review Recommendation Templates

DISCUSSION:

Sue Donar led the review of the Recommendation Templates. The following recommendations were reviewed: consistency; streamlining; frequency of review; and DHHS capacity. Brenna Haviland imputed recommended changes as discussions

occurred.

ITEM:

Recommendation 1: Consistency

DISCUSSION:

Sue Donar led review of the Consistency recommendation. Group discussed need to update recommendation and statement of burden to reflect the need for balance between regulating versus technical assistance. Work plan was also reviewed. Peter and Lou nominated as leaders for work plan actions

ACTION:

Revise recommendation and work plan to reflect Group's thoughts. Who is responsible? Muskie. Due date: November 9, 2005

ITEM:

Recommendation 2: Streamlining

DISCUSSION:

Sue Donar led review of the Streamlining recommendation. Group requested that wording be updated. Work plan reviewed. Peter and Lou nominated as leaders for work plan action. Recommendation statement and workplan to be updated for next meeting.

ACTION:

Revise recommendation and work plan to reflect Group's thoughts. Who is responsible? Muskie. Due date: November 9, 2005

ITEM:

Recommendation 3: Frequency of Reviews

DISCUSSION:

Sue Donar led review of the recommendation to allow greater flexibility regarding the frequency of reviews. Group discussed need to update recommendation and statement of burden. Work plan reviewed. Peter and Lou nominated as leaders for work plan action.

ACTION:

Revise recommendation and work plan to reflect Group's thoughts. Who is responsible? Muskie. Due date: November 9, 2005

ITEM:

Recommendation 4: DHHS Capacity

DISCUSSION:

Sue Donar led review of the recommendation to expand DHHS capacity. Group discussed need to update recommendation and statement of burden. Work plan reviewed and suggestions made. DHHS Commissioner nominated as lead for work plan action. Revise recommendation and work plan to reflect Group's thoughts. Who is responsible? Muskie. Due date: November 9, 2005

ITEM:

Discussion of timeline

DISCUSSION:

Group discussed need to establish a timeline for recommendation. Muskie staff and co-chairs will meet to further discuss timeline questions.

ACTION:

Meeting between Muskie staff and co-chairs. Who is responsible? Muskie; Jack Mazzotti; Lou Dorogi; Peter Mauro. Due date: November 9, 2005

ITEM:

Review of Flip Chart Notes

DISCUSSION:

Sue Donar led review of Flip Chart notes to determine if all burdens had been met by recommendations. Group discussed burdens that still need to be addressed.

ACTION:

Incorporate outstanding burdens into Recommendations. Who is responsible? Muskie
Due date: November 9, 2005

ITEM:

Plan for Next Meeting

DISCUSSION:

Sue and Peter thanked Members for their attendance and thoughts. The next meeting of the Licensing Group will be November 9, 2005 at 1pm Conference Room 3, 442 Civic Center Drive Incorporate outstanding burdens into Recommendations.. For the next meeting, Muskie will summarize the discussion for this meeting and update the recommendations and work plans.

ACTION:

Update Recommendations and work plans. Who is responsible? Muskie. Due date:
November 9, 2005

ITEM:

Remaining Meetings

Discussion:

Remaining Meetings are scheduled for:

- November 16: Conference Room 3, 442 Civic Center Drive

Administrative Process Work Group: Licensing
Date: December 14, 2005
Location: Learning Center, 442 Civic Center Drive
Minutes

PRESENT:

Peter Mauro (co-chair); Lou Dorogi (co-chair); Geoff Greene; Diana Scully; Todd Beaulieu; Karen MacDonald; Wes Uhlman; Paul MacFarland; Robert Steinberg; Brian McAulife; Dawn Stiles; Lisa Wallace; Lisa Harvey-McPherson; Jane Drake (Guest), Eileen Griffin and Sue Donar, staff; Emily Hoberg and Brenna Haviland, Muskie students

ABSENT:

Jack Mazzotti (co-chair); Ali Hilt-Lash; Myra Broadway; Leo Delicata; Rick Erb; Sandy Parker; Denise Osgood; Carol Cole; Catherine Valcourt; Brenda Gallant; Vicki Purgavie; Catherine Cobb; Jarad Platt; Claire Harrison; Marya Faust; Kimberly Johnson; Allyson Dean;

ITEM:

Geoff Greene joined the group to discuss the development of a comprehensive licensing philosophy statement. Geoff identified some key points for the group to consider as it worked on defining a consistent philosophy across the Department's licensing units.

First, the essential mission of the Department's Licensing Function is to protect the health and well being of consumers and the general public.

In developing a consistent philosophy, the Department must address a number of issues including:

1. The role of licensing in relationship to quality improvement;
2. The role of licensing in relationship to quality assurance;
3. The role of licensing in advancing best practices;
4. Enforcement vs. technical assistance Should licensing be about citing deficiencies and requesting provider to correct or identifying and helping to correct deficiencies? Or can the Department do both under certain circumstances?.
5. Boundaries between licensing functions and program areas and other department functions;
6. How to balance and manage risk so that licensing makes sense, does not have unintended consequences: risk tolerance vs. risk avoidance

Certain guiding principles or values should underlie a consistent philosophy, including:

1. Collaboration – how do we integrate?
2. Accountability – The Department is accountable to both the providers we license or certify and the consumers we serve.

Other comments and questions that were identified in this discussion:

- The federal government writes the rules for certification
- Bob Steinberg handed out a synthesis of information regarding thoughts on philosophy of human care and licensing from the NARA website.

ITEM:

BrainstormingSession

DISCUSSION:

Sue Donar identified Geoff's points on a flip chart. The group broke out into 2 separate groups, maintaining an equal representation of providers and state representatives. The groups were asked to brainstorm a philosophy for the Division. The group came together to review the concepts. The Work Group asked Sue and Eileen to use the ideas and thoughts identified to compose a first draft of the philosophy document and to e-mail a draft for review and comment by work group members.

ACTION:

E-mail documents to all APOC: Licensing members. Who is responsible? Muskie Due date: 1/6/06

ITEM:

Next Steps

DISCUSSION:

Lou thanked members for their attendance and their input. No next meeting was set, pending action taken on the Work Group's recommendations by the Administrative Procedures Oversight Committee.